

ON THE
REPRESSIVE MEASURES

ADOPTED IN PARIS

COMPARED WITH

THE UNCONTROLLED PROSTITUTION

OF LONDON AND NEW YORK

BY

A. VINTRAS, M.D.

PHYSICIAN TO THE FRENCH DISPENSARY

LONDON

ROBERT HARDWICKE, 192 PICCADILLY

1867

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PREFACE.

NO NEW MEASURES can be adopted, however much they might benefit society, before public opinion is ready to receive them; and feeling confident, from long observation and experience, that the uncontrolled prostitution in England is the cause of an enormous amount of disease, which can only be checked effectually by the adoption of repressive measures, I have determined to lay before the English public a short account of the sanitary regulations adopted in France, and the beneficial results with which they are attended, leaving it then to the reader to decide whether it is advisable to adhere to old prejudices, or, looking at the danger fearlessly, to adopt at once the only measures calculated to diminish the evil.

I have avoided in the following pages the discussion of principles which belong more properly to moralists than to medical men. What I have attempted to show is—and the conclusions arrived at are based upon facts—that, in order to diminish the fearful amount of venereal diseases, which cripple half the population, a check must be put on prostitution.

Another reason for making public the satisfactory results of the repressive measures adopted in Paris (a report of which was prepared last year for the Commission appointed by the Government to enquire into the treatment and prevention of venereal diseases in the army and navy) was the flattering opinion expressed by the Committee, that ‘this

document affords evidence that much may be done not only to prevent disease but to repress prostitution, and even to reclaim the women engaged in it.' And further: 'The Committee would have more hesitation in recommending a periodical examination of the public prostitutes, under the Act (the Contagious Diseases Act), and their seclusion until cured, did they not confidently feel that in so doing they are acting not only in the interest of the community, but especially so in that of the women themselves. . . . For the full confirmation of this statement, the Committee appeal with satisfaction and confidence to the Report of the Prostitution in Paris.'

This report, which was the result of personal enquiries made in Paris in September 1865, with Mr. Skey, the chairman, and Dr. Donnet, a member of the Committee, is entirely reproduced here, with a few additional remarks.

I feel it a duty to acknowledge the valuable assistance I received from the English Embassy in Paris, in giving all the necessary introductions to the heads of the different departments.

I have also to record with pleasure the extreme readiness of the French military and police authorities in allowing me to visit the military hospitals, and to witness the working of the Sanitary Dispensary.

I am indebted to the untiring kindness of Monsieur Lecour, 'Commissaire-Interrogateur du Bureau des Mœurs,' for most of the official information on the many details of his most responsible department; and to Monsieur Metatal, his 'sous-chef,' I am obliged for the very valuable statistical tables appended to the report. I must also acknowledge with thanks the readiness of Monsieur Carlier, the 'Officier de Paix,' of the same bureau, in showing me how the different *maisons de tolérance* are kept under the supervision of the police.

Monsieur le Docteur Ely, 'Secrétaire-adjoint au conseil

de Santé des Armées,' has kindly sent me a report of the number of venereal cases in the French army. This has taken some months to prepare, and has just been, I believe, officially published in France. To him I tender my most sincere thanks.

I have borrowed some very valuable tables, relating to the amount of venereal disease in the French and other continental armies, from the excellent work of Dr. Jeannel on the Prostitution of Bordeaux.

I do not claim any originality in the section relating to the Prostitution of New York. I have expressed elsewhere my high estimation of Dr. Sanger's admirable work; I have simply tried to select and condense in two short chapters the most important of his statistics with his accompanying remarks.

I have taken from Mr. Acton's valuable book some statistics referring to the amount of venereal diseases in London in the year 1849.

In the part relating to the Prostitution in England, I have mostly derived my information from official and original sources.

In treating this difficult subject, I have tried to avoid hurting English susceptibilities, and also to show any undue partiality for the laws of my own country. If by publishing the following pages I have advanced, by one step, the future and inevitable adoption in England of sanitary measures, I shall feel that I am well repaid for my time and labour.

REGENT STREET:

April 1867.



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PROSTITUTION AND ITS REPRESSION.

ON PROSTITUTION IN PARIS.

THE LAWS IN FORCE FOR ITS REPRESSION, AND THOSE DIRECTED AGAINST THE INCREASE OF CONTAGIOUS DISEASES IN FRANCE.

‘Of all contagious diseases to which the human species is liable, and which cause to society the greatest evils, there are none more serious, more dangerous, or so much to be dreaded, as syphilis; and I am not afraid of being accused of exaggeration in saying that its ravages far surpass those of all the plagues which at different times have terrified society.

‘Thousands have been spent every year, for more than a century, to stop the progress of the plague, which, although existing permanently at Constantinople, has not yet depopulated it; the same is done for yellow fever, which, however terrible, has not prevented the prodigious increase of the American towns; and nothing has been done to arrest the progress of syphilis—the worst and most frightful of all plagues—which for nearly three hundred years has been raging amongst us.

‘Such neglect could hardly be believed, and will, I am sure, astonish future generations.

‘If legislation cannot render men virtuous, if it cannot correct their judgment, and repress the impetuosity of passions which appeal to their senses too loudly to leave them the consciousness of duty; at least, it may meet the danger to which the imprudent expose themselves, and for the sake of these men’s wives and children look after the health of the guilty in order to preserve the innocent. I will go further, for I maintain that it ought to do so, and that those who have neglected this important duty have been unfaithful to their trust, and can only be excused by their ignorance of the benefits of the sanitary surveillance of prostitution.’

(PARENT-DUCHATELET.)

CHAPTER I.

HISTORICAL AND LEGAL NOTES—POLICE ADMINISTRATION—CLANDESTINE PROSTITUTION—REGISTERED WOMEN—ERASURE FROM THE REGISTER—TOLERATED HOUSES—NUMBER IN EACH ARRONDISSEMENT.

HISTORICAL AND LEGAL NOTES.

THE law of France does not recognise prostitution; but the supervision of abandoned women has at all times been regarded as an object of real social interest, and the repression of the

evils of prostitution has always been considered to be a police duty, and in that view placed under the charge of the executive power.

Thus, by virtue of certain Royal Ordinances and ancient regulations, extending as far back as 1684, 1715, and 1788,* women who abandoned themselves to that kind of life came under the immediate jurisdiction of the police, and were compelled to comply with several conditions, the principal of which were :—

Inscription in a special register ;

Sanitary visitation ;

Confinement in pursuance of an order of the Executive, whether for prevention, discipline, or medical treatment.

These regulations, which were in force at the outbreak of the Revolution of 1789, are still applied in their integrity in Paris ; and it is admitted that they have ever since been very valuable. They have received unanimous assent, and public opinion has constantly appreciated both their advantage and necessity.

The legislature perceiving the impossibility of establishing fixed laws on these subjects, while it at the same time recognised the necessity for especial measures in the interest of safety, order, morality, and—above all—the health of the community, wisely delegated to municipal authority a discretionary power of intervention, and instead of circumscribing it with impracticable limitation, assigned to it the important duty ‘ *of giving the public the benefit of thoroughly effective police regulations.*’

It is by virtue of this general delegation that the municipal authority has been enabled to make the following regulations compulsory upon all persons devoting themselves to prostitution, namely, the registration of their names in the books of the police ; the prohibition against their leaving their houses at certain hours ; the exclusion from places of public resort ; their subjection to medical inspection, and to compulsory treatment in case of illness, involving thereby the right to seclude them.

All these measures, to some extent conflicting with the ordinary rights of individuals, have been successively sanctioned

* A Royal Ordinance of the 20th of April, 1684, consigned the house of the Salpêtrière to the seclusion of abandoned women, and transferred to the Lieutenant of Police the jurisdiction previously exercised by the ‘ Provost ;’ His Majesty ordering ‘ that the decisions of the said Lieutenant of Police in these particular cases, for which his Majesty grants him, as far as necessary, all cognisance and jurisdiction, be executed without appeal.’

A Royal Ordinance in August 1715, opened a special hospital for the treatment of women affected with syphilis.

A police regulation of the 6th November, 1778, determines certain obligations to be imposed on public women, and amongst others, their compulsory seclusion in the hospital.

by the Court of Cassation, which in France is the supreme authority in legislation.

Still it cannot be said that individual liberty and private interest are left without security against arbitrary oppression, since such interests find a legitimate protection in the right of appeal to superior authorities—the Council of State, the Senate, &c., and, above all, in the personal responsibility of the agents of the Executive, who are liable to be brought to account, and prosecuted criminally, with the sanction of the Council of State, when called upon to decide *primâ facie* whether the authorities have exercised legitimately, or have abused, the powers which they derive from the law.

Moreover, if this jurisdiction conferred on the municipal authorities did not exist, if the facts upon which its exercise is founded were referred to a court of law, the regulations themselves would practically be null and void, and the real object of the Legislature would be entirely lost. Who, indeed, would venture to discuss before public audiences in the Courts, incidents, the bare enunciation of which would be an offence against morality, and the proof of which could not be judicially established, except at the cost of the happiness and the honour of families? Such inquiries also must necessarily be a school of immorality for the young.

Thus it is seen, that in every particular, the power exercised by the Executive is vindicated by a consideration both of necessity and legality. The Legislature exactly appreciated the nature of this question, and acted with happy foresight, in confiding to the Prefect of Police the right of dealing with prostitution by preventive or repressive regulations. This was undoubtedly one of the best means devisable for the prevention of scandalous acts which violated public decency, and also for the repression of certain diseases whose contagion was dangerous to society.

POLICE ADMINISTRATION.

The execution of the regulations of the Prefect of Police demanded the creation of a special Department called the ‘Section des Mœurs,’ and which comprises two Divisions—

The Administrative and the Active.

The special Staff of the Administrative Division consists of an investigating Commissary, ‘Commissaire Interrogateur,’ an Under Commissary, a Secretary, and several other officers. This Division does not occupy itself exclusively with what relates to prostitution, but is also entrusted with the charge of all matters that concern the morals and the health of the community.*

* Indecent pictures, obscene photographs, street singing, street begging, vagrancy.

The Active Division is composed of forty Agents or Inspectors, under the direction of a Superintendent called 'Officier de Paix.' They are especially charged with the execution of the measures and regulations adopted for the repression of clandestine prostitution; the apprehension of persons who are guilty of or who abet it; the surveillance of the tolerated houses of Paris and the suburbs; the search after women who fail to attend the sanitary visitations enjoined on them; and also the good order of the streets in regard to public morality.

CLANDESTINE PROSTITUTION.

It would be a great error to suppose that the Administration seeks to enforce the registration in the Police-books of every woman who practises clandestine prostitution; on the contrary, it opposes it with all its power. In official language, a girl or a woman who leads a disorderly life, or who lends herself to any man, is not on that account alone a prostitute. In order that she should be regarded and treated as a prostitute there must be a combination of circumstances, such as the proof of former offences, public notoriety, detection *in flagrante delicto*, &c., or other form of conclusive evidence, &c. Then only does the Executive determine that she shall be entered on the police registers.

If girls who have been taken up are minors (under twenty-one), the Administration requires their detention in a special Department at St. Lazare, at once informs their parents, guardians, or relatives, and privately explains to them the motives of their arrest. If their families claim them they are restored to them. If they are not claimed the Administration finds itself compelled to register them on their coming out, but never before they are cured if they were diseased; and under all circumstances they are detained in seclusion until they have attained the age of seventeen.

As regards women of twenty-one and upwards, the Administration is obliged to adopt a different course, since it has no legal power to detain them, or to prevent their following a life of prostitution. They endeavour to impress on them the degrading character of the position to which their conduct must reduce them, and to make them understand the nature of the sanitary and other regulations which will be imposed upon them.

If the women have been arrested for the first time, and the reports of the Inspectors fail to show that they have habitually led the life of prostitutes, the Administration postpones their registration; after having previously ascertained, however, that they are not suffering from any contagious disease. If otherwise, they are sent to St. Lazare, or to some civil hospital, and placed under medical treatment, before being set at liberty.

It will be seen from the annexed Table, which includes the statistics of four years, that in the year 1864, out of 1,934 clandestine prostitutes who had been arrested, 1,125 *were restored to their friends*; in other words, that a large number of women, who for the most part were victims of seduction, want, or their own inexperience of the arts of vicious men, were rescued from vice, and restored to their families. But this fact, eminently satisfying as it is, only exhibits a portion of the satisfactory result of the system; for if to these we add the 123 detained at the Maison de St. Lazare, the 65 at the Convent de la Madeleine, as a punishment for insubordination to parental authority, for which they are amenable to the French laws, and the 120 cases of scabies sent to the hospitals, we have a total of 1,433 women rescued from prostitution out of 1,934 arrested. 250 only had to be registered at the time, and the remainder, being affected with venereal diseases, were sent to St. Lazare for treatment, a relative proportion of whom are also reclaimed.

These figures contain a sufficient answer to the objection which has often been raised, that these women are only taken away from the streets for a time, since the number registered in each year only amounts to about 270.

Table showing the Number of Women yearly arrested in Paris for Acts of Clandestine Prostitution.

	1861	1862	1863	1864
Total number of women arrested	2,322	2,987	2,124	1,934
Among these—				
Were restored to their families	1,172	1,651	1,100	1,125
Found affected with venereal disease and sent to St. Lazare	540	579	424	249
Sent to ordinary venereal hospitals, on account of doubtful prostitution	2	6	1	2
Affected with scabies	153	214	177	120
Detained at St. Lazare for insubordination to parental authority	113	127	104	123
Detained at the Convent of the Madeleine (for repentant girls) for the same cause	68	93	78	65
Placed on the list of registered prostitutes	274	317	240	250
	2,322	2,987	2,124	1,934

REGISTERED WOMEN.

The prostitutes registered in the books of the police number about 5,000. They are divided into two classes:—

The registered women.

The women in tolerated houses.

The registered women (*filles libres*, *filles sounises*, *filles*

isolées, filles en carte) are those who, although subjected to rigorous regulations, have nevertheless obtained permission to reside in their own apartments, and to appear in the streets. Of these there are in Paris about 2,800.

It is an error to suppose that these women receive from the Administration a sort of patent, or legal license, for pursuing their career as prostitutes; far from it, for, with the exception of an indispensable protection against ill-treatment on the part of their visitors, they are subjected to such regulations as should disgust them with their wretched position, and induce them to make every effort to escape from it.

They are compelled to carry about their persons constantly a card, upon one side of which is entered their name, their address, and the date of their last sanitary visit; and upon the other side, a copy of the obligations and prohibitions to which they have to conform. Among the latter are the following:—

They must show their card upon every demand made by the officers of police.

They are expected to present themselves, at least once in every fortnight, at the sanitary dispensary, in order to be examined; and if found labouring under any contagious disease they are at once sent to the Hospital of St. Lazare.

They are not allowed to leave their house before the street lamps are lighted, or to remain out later than 11 o'clock, P.M.

They must not stop in the public thoroughfares, form groups, walk in company, or allow themselves to be accompanied by men.

Precincts of churches, covered passages, boulevards, gardens, public establishments, theatres, and table-d'hôtes are interdicted to them.

They must, moreover, be simply dressed, so as not to render themselves objects of remark.

They are not allowed to ride in open carriages, to show themselves at their windows at any hour, on any pretence, or to share their lodgings with a *concubinaire*, or with another woman.

For the contravention of these regulations they are punishable according to the gravity of the case.

The following table, which represents four years, shows that out of 5,000 registered women, including nearly equal proportions registered women and women in tolerated houses, there were in the year 1864, 4,812 apprehensions of women for infractions of the rules, 3,155 of whom were sent for punishment to St. Lazare, the latter number representing the number of punishments awarded, and not the number of women actually punished, since some of them may have been on several occasions the subject of punishment, and 989 released, having been merely reprimanded.

This large number of 4,144 cases in which the Administration had to interfere in the cause of morality and public order, exhibits the vigilant supervision constantly exercised over public women.

The number of registered prostitutes in Paris is about 5,000.

Table of Registered Prostitutes.

	1861	1862	1863	1864
Total of arrests for infringement of the Police regulations }	4,225	4,640	4,221	4,812
Amongst these—				
Were sent to St. Lazare for punishment	3,096	3,264	2,713	3,155
Found diseased and sent to Lazare	450	488	543	455
Found affected with seabies, &c.	244	227	218	212
Aged and infirm, sent to workhouse	0	6	1	1
Released (simply admonished)	435	655	746	989
	4,225	4,640	4,221	4,812

ERASURE FROM THE REGISTER.

Every public woman who really desires to renounce prostitution may obtain the erasure of her name from the Register of the Police, on stating her means for procuring an honest livelihood. Her presence is insisted upon for the purpose of giving proof of her sanitary condition, because on her restoration to ordinary life she will cease to be subject to the control of the Administration.

The erasure is attended with no difficulty in the case of projected marriage, or of organic infirmities certified by one of the surgeons of the dispensary; and also of women who, having returned to their families, live with them and have given proof of orderly conduct.

In other cases the person applying to have her name erased from the register is subjected to a two or three months' special surveillance, and if her change of conduct appears likely to be permanent, she obtains the definitive erasure of her name.

About 700 or 800 women annually obtain the erasure of their names and abandon prostitution.

TOLERATED HOUSES.

Tolerated houses are, as their denomination indicates, houses tolerated by the police administration and subjected to severe special regulations, which are rigidly enforced under pain of a suspension, or of a total withdrawal of the toleration—a step which entails the immediate closing of the houses without notice and without appeal.

It is of the utmost importance to sanitary surveillance and public order that clandestine prostitution should be prevented, but it is not by destroying or closing its known resorts in any particular district that public women can be made to disappear. Such measures, on the contrary, rather tend to multiply them, and to augment the evils and the disorder of which they are the cause.

The Administration no more creates tolerated houses than it creates prostitutes. It simply obeys the requirements and the habits of each locality. If it tolerates establishments of this kind, which it possesses the power of visiting at any hour of the day or night, and which it subjects to sanitary and other regulations, it is because their presence affords the surest means of suppressing houses of clandestine prostitution over which its action is powerless.

The tolerated houses generally contain a number of women varying from five to fifteen, and are kept by persons who have themselves been prostitutes. They are called ‘*Dames de Maison*,’* and they alone are responsible to the Administration for the execution of the police regulations. All the women are visited once a week by one of the surgeons of the dispensary; and should any one be found to be affected with a contagious disease, she is immediately sent to the Hospital of St. Lazare.

Toleration is only accorded to those ‘*Dames de Maison*’ who, by their previous good conduct, have inspired the Administration with a certain amount of confidence. Among the prohibitions and restrictions which are imposed upon them are the following:—

‘They are obliged to obtain the permission of the proprietor of the house; to provide a separate room for each woman, and to cause to be registered within twenty-four hours the women who present themselves as residents, or those who leave them.

‘Their windows are required to be kept constantly closed, the panes to be of ground glass, and the outside window-blinds fastened with padlocks.

‘There is allowed one entrance only to their house, no side or back doors being permitted.

‘They are required to insist upon their women having decent attire, and not suffer them to become intoxicated.

‘If a woman between the sanitary visits be attacked by a contagious disease they are required immediately to take her to the sanitary dispensary.

‘They are expressly forbidden, among male visitors, to receive minors, young collegians, or students of the civil and military schools.

* Or *Maitresses de Maison*.

‘The “Dames de Maison” of the suburbs (now outside the fortifications) are obliged to take women once a week to the sanitary dispensary in closed carriages.’

All the tolerated houses which contain an *estaminet* (smoking and drinking saloon)—and those of the suburbs and in the vicinity of barracks are generally in this category—must be closed at 11 o’clock, and their owners are not allowed to display in the windows any bottles, glasses, or other objects which might indicate that drink was to be obtained there. As these houses are principally frequented by soldiers, the ‘Dame de Maison’ is required to demand from them their card of permission to remain after tattoo, or to sleep out all night. They are also required to point out to the police inspector every individual who should remain in their house upwards of twenty-four hours.

Any ‘Dames de Maison’ who offends against these regulations may be punished by suspension or the definitive withdrawal of the toleration.

The amount of capital at stake in these establishments to some extent affords the Administration a security for the obedience of the ‘Dames de Maison.’

There are in Paris and the old suburbs 218 tolerated houses, and 18 outside the fortifications, making a total of 236. They contain about 2,400 women.

*Table showing the Number of Tolerated Houses
in each Arrondissement.*

Arrondissement	Number of Houses	Arrondissement	Number of Houses
1st	16	11th	5
2nd	35	12th	4
3rd	3	13th	10
4th	8	14th	8
5th	5	15th	18
6th	70	16th	0
7th	3	17th	2
8th	0	18th	5
9th	7	19th	10
10th	0	20th	9
		Total	218

If we take the number of tolerated houses in each of the twenty arrondissements, or districts, into which Paris is now divided, we shall find the proof that the Administration has only submitted to a local necessity which it could not resist; for, if in three of the districts, containing barracks, it tolerates as many as 70, and 35 of these houses, there are three others in which *not one* exists.

CHAPTER II.

ST. LAZARE — SANITARY DISPENSARY — EXAMINATIONS AT THE DISPENSARY ;
IN TOLERATED HOUSES ; AT THE DÉPÔT — STATISTICAL RESULTS OF THE
DISPENSARY—STATISTICAL TABLES—REMARKS.

ST. LAZARE.

THE house of St. Lazare is the prison for females in the 'Département de la Seine.' It is divided into three sections.

The first contains women charged with and arrested for crimes and offences, and women who are undergoing punishment. Although confined in the same section of the establishment, these women are placed in different departments, and cannot communicate with one another. They are distributed in rooms containing five, six, or seven persons.

In the second are placed the registered and the clandestine women detained for punishment for infractions of the police regulations. These two classes are not on any account allowed to hold communication. The public women sleep in spacious dormitories.

The third is set apart for young girls, minors, who have been arrested on charges of clandestine prostitution, and are detained by the Administration either for the purpose of communicating with their families, or of punishing them for infraction of the police regulations. Other girls are also confined there, either for insubordination to paternal authority, disorderly conduct, offences against morals, or some other breach of the law for which they are liable to punishment.

They sleep apart, each in a small room, or cell, always open, and thus enabling the Sisters on duty to observe their conduct in privacy. Besides receiving religious instruction from the resident Chaplain, they are visited by the 'Dames Charitables de l'Œuvre des Prisons,' and by Protestant ladies. These ladies often succeed in reclaiming them, and in procuring for them some occupation by which they can gain an honest livelihood. Eighty per cent. of these young girls are thus rescued from prostitution. (This statement is made on the authority of the Chaplain.)

At the special request of the parents, the Administration occasionally authorises duly recognised convents (Protestant or others) to receive minors punished for insubordination to parental authority or offences against morality.

On the 22nd of September, 1865, there were at St. Lazare 68 minors between the ages of 12 and 18, 434 public women between the ages of 20 and 40, of whom 200 were suffering from venereal diseases.

The diseased registered women are attended in the infirmary on the first floor. The clandestine women in the infirmary on the second floor.

The Sisters (Order, *Marie-Joseph*) devoted to the service of the prisons perform all the duties of the house.

There are work rooms, in which the women are occupied from six in the morning to six in the evening, with the exception of an interval for meals.

Their daily dietary consists of soup and vegetables, with the exception of Sundays and Thursdays, on which days they are allowed meat.

The Medical Department comprises:—

A Surgeon, who visits the establishment every day.

Two Resident Medical Officers, always on duty.

An Apothecary.

The Infirmary of Registered Women.

The Infirmary of Clandestine Women.

A separate ward for the treatment of Scabies.

About 150 accouchements take place there annually.

SANITARY DISPENSARY.

The Medical Staff of the Sanitary Dispensary for the visitation of the public women of Paris consist of—

A Head Surgeon;

Eleven Surgeons.

The sanitary visits with which they are entrusted are made at three different places:—

1st. At the Dispensary;

2nd. In the tolerated houses of Paris;

3rd. At the 'dépôt' of the Prefecture of Police.

At the dispensary the surgeons examine the registered women, who are obliged to attend twice a month; those who are registered for the first time; those who, having been registered women, become inmates of tolerated houses; those who have been taken up for clandestine prostitution, and who are always examined previously to being registered or released; the women residing in the tolerated houses of the suburbs, who are taken there once a week in closed carriages.

The duty of the surgeons of the dispensary is simply to ascertain the existence of contagious affections (chancres, secondary symptoms, discharges, scabies, &c.), and they immediately send all the diseased persons to St. Lazare.

In the tolerated houses of Paris the women are visited regularly once a week by one of the surgeons of the dispensary, to each of whom is assigned a certain number of houses. The sanitary state of every woman is recorded in a special book kept in the house, and a monthly report is addressed to the head surgeon. Such of the women as are found to be diseased are compelled to go to the dispensary, to be visited there again, and should their disease be confirmed they are at once sent to St. Lazare.

At the 'dépôt' of the Prefecture of Police are provisionally detained all persons arrested during the night for crimes and offences. If the inspectors recognise among the number any public women, they are examined before being set at liberty, because, as these women generally belong to the worst class of prostitutes, and a great number of clandestines are discovered among them, it is of the utmost importance that their state of health should be ascertained.

All examinations are made with the speculum, except in the case of registered women, who in ordinary circumstances are only examined with it every alternate visit.

The whole number of sanitary visits made at the dispensary, in the tolerated houses, and at the 'dépôt,' amounted to 162,705 in the year 1857; 159,148 in 1858; 129,635 in 1864: thus divided for the year 1864:—

In the tolerated houses of Paris	35,516
At the Dispensary for the women of the tolerated houses of the suburbs	38,012
At the Dispensary for the registered women	46,824
At the Dépôt of the Préfecture of Police for women of all classes .	9,283
	<hr/>
	129,635

It is needless to attempt to describe the immense advantage which must result from something like one hundred and fifty thousand visits annually made in the interest of the public health. But if it admitted of any doubt, it would be sufficient to glance at the following table, which gives the total number of women found to be suffering from syphilitic diseases during the years 1861, 1862, 1863, and 1864, in order to be convinced of the enormous amount of evil which must necessarily have been avoided by the prompt seclusion and cure annually of 1,000 diseased women, every one of whom would have communicated to a considerable number of persons the poison with which she was infected.

Table showing the Number of Women found affected with Syphilis.

	1861	1862	1863	1864
Women in tolerated houses of Paris . . .	149	167	159	105
Women in tolerated houses of the suburbs . .	197	230	280	184
Registered women	104	91	104	120
Clandestine women	540	579	425	251
	1,090	1,067	968	660

The gradual diminution of syphilitic diseases observed during the four years above referred to, even amongst the clandestine women, gives evidence of the great advantage of the sanitary surveillance of public women.

STATISTICAL RESULTS OF THE DISPENSARY.

The three tables on the following pages exhibit the statistical results of the medical operations of the Sanitary Dispensary in the years 1857, 1858, and 1864.

The first part shows the exact number of registered public women on the first day of each month. They are divided into three different classes:—

1. The women of the tolerated houses of Paris.
2. The women of the tolerated houses of the suburbs (almost exclusively frequented by soldiers).
3. The registered women.

In that part will be found the number and the average proportion of women suffering from syphilitic diseases in each class, and of those also who are labouring under non-syphilitic contagious affections.

The second part shows:—

1. The number of clandestine women taken up for prostitution and brought to the dispensary.
2. The exact number and also the proportion of those who were attacked with syphilitic diseases.
3. The number of those who were suffering from non-syphilitic contagious affections.

And, lastly, the monthly number of sanitary visits, and the total for each year.

Monthly Table, showing the Number of Diseased Women detected by the examination of the Surgeons of the Sanitary Dispensary.

1857.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PART I.													
Total number of registered women on the 1st of every month	3,361	3,372	3,363	3,351	3,362	3,348	3,306	3,317	3,304	3,289	3,289	3,267	
Divided into—													
Women in tolerated houses of Paris*	1,044	1,044	1,044	1,044	1,044	1,044	974	974	974	974	974	974	12,108
Affected with syphilis	42	45	44	46	31	35	35	26	36	32	35	20	427
Mean proportion	1 in 24	1 in 23	1 in 24	1 in 23	1 in 34	1 in 29	1 in 28	1 in 37	1 in 27	1 in 30	1 in 28	1 in 48	1 in 28
Women in tolerated houses of the suburbst	706	718	710	717	700	780	706	667	683	688	709	730	8,414
Affected with syphilis	43	55	55	51	50	44	37	44	32	34	32	29	506
Mean proportion	1 in 16	1 in 13	1 in 13	1 in 14	1 in 14	1 in 14	1 in 19	1 in 15	1 in 21	1 in 21	1 in 22	1 in 25	1 in 16½
Registered women	1,611	1,610	1,609	1,590	1,618	1,624	1,626	1,676	1,647	1,627	1,606	1,569	19,413
Affected with syphilis	8	12	12	12	17	16	9	15	8	6	11	8	134
Mean proportion	1 in 200	1 in 134	1 in 134	1 in 132	1 in 95	1 in 100	1 in 180	1 in 112	1 in 206	1 in 271	1 in 146	1 in 196	1 in 145
Suffering from scabies, &c.	26	31	33	34	28	25	23	17	19	19	26	16	297
PART II.													
Non-registered women (clandestine)	124	103	145	97	149	118	146	176	135	123	124	90	1,530
Affected with syphilis	37	22	58	23	46	28	36	43	35	31	23	31	413
Mean proportion	1 in 3	1 in 4	1 in 2	1 in 4	1 in 3	1 in 4	1 in 4	1 in 4	1 in 4	1 in 4	1 in 5	1 in 3	1 in 3½
Suffering from scabies, &c.	15	10	14	14	19	16	15	17	12	11	16	8	167
Number of examinations made every month	13,582	13,835	13,875	13,255	13,484	13,186	13,963	13,748	13,461	13,693	13,272	13,351	162,705

* As Paris was before the annexation of the suburbs.

+ Comprising the old suburbs of Paris. These houses are generally near the barracks, and mostly frequented by soldiers.

Monthly Table, showing the Number of Diseased Women detected by the examination of the Surgeons of the Sanitary Dispensary.

1858.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PART I.													
Total number of registered women on the 1st of every month	3,267	3,289	3,263	3,290	3,263	3,266	3,209	3,131	3,280	3,168	3,206	3,213	
Divided into—													
Women in tolerated houses of Paris*	1,009	1,009	1,009	1,009	1,009	1,009	910	910	910	910	910	910	11,514
Affected with syphilis	27	24	26	22	22	18	40	24	26	21	17	17	284
Mean proportion	1 in 39	1 in 42	1 in 38	1 in 46	1 in 46	1 in 56	1 in 23	1 in 44	1 in 35	1 in 43	1 in 53	1 in 53	1 in 40½
Women in tolerated houses of the suburbs †	734	706	678	718	708	696	690	741	709	718	720	715	8,533
Affected with syphilis	38	36	27	42	42	40	26	41	39	27	30	22	410
Mean proportion	1 in 19	1 in 19	1 in 25	1 in 17	1 in 17	1 in 17	1 in 26	1 in 18	1 in 18	1 in 26	1 in 24	1 in 32	1 in 21
Registered women	1,524	1,574	1,576	1,563	1,546	1,561	1,609	1,480	1,661	1,540	1,576	1,588	18,798
Affected with syphilis	9	24	5	14	9	14	14	17	11	6	11	12	146
Mean proportion	1 in 169	1 in 65	1 in 310	1 in 111	1 in 171	1 in 111	1 in 115	1 in 88	1 in 151	1 in 256	1 in 143	1 in 132	1 in 128½
Suffering from scabies, &c.	20	27	30	23	16	22	16	24	26	20	15	16	255
PART II.													
Non-registered women (clandestine)	77	91	81	76	120	178	113	92	127	105	95	100	1,255
Affected with syphilis	22	25	14	18	35	31	37	27	37	27	17	23	313
Mean proportion	1 in 3	1 in 4	1 in 6	1 in 4	1 in 3	1 in 5	1 in 4	1 in 3	1 in 4	1 in 4	1 in 5	1 in 4	1 in 4
Suffering from scabies, &c.	9	4	12	9	16	27	11	8	15	9	7	15	142
Number of examinations made every month	13,205	13,138	12,823	13,094	13,649	13,475	13,392	13,322	13,345	13,597	12,873	13,235	159,148

* As Paris was before the annexation of the suburbs.

† Comprising the old suburbs of Paris. These houses are generally near the barracks, and mostly frequented by soldiers.

Monthly Table, showing the Number of Diseased Women detected by the examination of the Surgeons of the Sanitary Dispensary.

1864.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PART I.													
Total number of registered women on the 1st of every month	3,365	3,356	3,362	3,351	3,348	3,347	3,361	3,359	3,340	3,343	3,359	3,361	
Divided into—													
Women in tolerated houses of Paris*	890	890	890	890	890	890	879	879	879	879	879	879	10,614
Affected with syphilis	5	11	10	8	9	14	8	12	6	5	10	7	105
Mean proportion	1 in 178	1 in 80	1 in 89	1 in 111	1 in 99	1 in 63	1 in 109	1 in 73	1 in 146	1 in 176	1 in 88	1 in 125	1 in 101
Women in tolerated houses of the suburbs†	514	514	514	514	514	514	506	506	506	506	506	506	8,310
Affected with syphilis	18	15	17	14	18	22	14	12	13	16	12	13	184
Mean proportion	1 in 28	1 in 34	1 in 30	1 in 37	1 in 28	1 in 23	1 in 36	1 in 42	1 in 39	1 in 31	1 in 42	1 in 39	1 in 45
Registered women	1,961	1,952	1,958	1,947	1,944	1,943	1,976	1,974	1,955	1,958	1,974	1,993	23,535
Affected with syphilis	5	6	9	10	11	16	11	14	10	13	5	10	120
Mean proportion	1 in 392	1 in 325	1 in 217	1 in 195	1 in 176	1 in 121	1 in 178	1 in 141	1 in 195	1 in 150	1 in 395	1 in 199	1 in 196
Suffering from scabies, &c.	23	23	20	16	24	23	28	10	21	13	21	13	235
PART II.													
Non-registered women (clandestine)	191	139	146	154	162	133	191	188	199	166	170	95	1,934
Affected with syphilis	27	21	17	23	18	15	21	19	31	20	23	16	251
Mean proportion	1 in 7	1 in 6	1 in 8	1 in 7	1 in 9	1 in 9	1 in 9	1 in 10	1 in 5	1 in 8	1 in 7	1 in 6	1 in 7½
Suffering from scabies, &c.	13	8	9	14	16	9	11	13	3	8	6	10	120
Number of examinations made every month	11,515	10,926	11,009	10,980	10,616	9,877	12,217	10,825	10,723	10,355	10,243	10,349	129,635

* As Paris was before the annexation of the suburbs.

† Comprising the old suburbs of Paris. These houses are generally near the barracks, and mostly frequented by soldiers.

REMARKS.

By extracting from the foregoing tables the figures which represent the proportion of syphilitic diseases in the three classes of registered public women, and comparing them with the proportion of the same diseases among the clandestine women, we ascertain the full extent of the immense benefits obtained from the sanitary surveillance of prostitution.

As it is well known that venereal diseases are chiefly contracted from public women, it will at once be conceded that the best means to preserve the rest of the population is to diminish the dreadful extent of those diseases among them.

In 1864 the proportion of syphilitic diseases among the women of the tolerated houses in Paris was 1 in 101; among those of the tolerated houses of the suburbs (soldiers' women), it was 1 in 45; and among the registered women 1 in 196; whereas among the clandestine women who escape all sanitary supervision, we have a proportion of 1 in $7\frac{1}{2}$. In the year 1857 it was 1 in $3\frac{1}{2}$, and in 1858 it was 1 in 4.

Table showing the Proportion of Syphilis among the Public Women.

	In Tolerated Houses of Paris	In Tolerated Houses of the Suburbs	Registered Women	Clandestine Women
1857	1 in 28	1 in $16\frac{1}{2}$	1 in 145	1 in $3\frac{1}{2}$
1858	1 in $40\frac{1}{2}$	1 in 21	1 in $128\frac{1}{2}$	1 in 4
1864	1 in 101	1 in 45	1 in 196	1 in $7\frac{1}{2}$

Thus it is shown in the preceding pages that the system adopted in France for the surveillance of prostitution, far from affording encouragement to vice and debauchery, is, on the contrary, successful in protecting order and public morality.

The results obtained by the sanitary visitations imposed upon public women are sufficiently positive to justify the conclusion that, in order to effect a diminution in the ravages of syphilis, the first and most indispensable condition is to look to the health of those by whom there is the greatest danger of its propagation, *and those persons evidently are the prostitutes.*

PROSTITUTION OF NEW YORK.

CHAPTER III.

ORIGIN OF THE PRESENT INVESTIGATION—SIMILARITY BETWEEN NEW YORK AND LONDON—SOCIAL RESPONSIBILITY—FOREIGN PROSTITUTES IN NEW YORK—AVERAGE DURATION OF LIFE OF PROSTITUTES—DANGERS OF A PROSTITUTE'S LIFE—THE CAUSE OF WOMEN BECOMING PROSTITUTES.

ORIGIN OF THE PRESENT INVESTIGATION.

AT the beginning of the year 1855 the Board of Governors of the Almshouse adopted the following interrogatories, which were transmitted to W. W. Sanger, M.D., Resident Physician of Blackwell's Island :—

1. What proportion of the inmates of the Institution in Blackwell's Island, in your medical charge, are, in your opinion, directly or indirectly suffering from syphilis?

2. Are or are not the number of such inmates steadily on the increase?

3. Do not patients in the different institutions, particularly in the Penitentiary Hospital, often leave before the disease is cured, so that they are liable to infect other persons after their departure?

4. Are not the offspring of parents affected with constitutional syphilis subject to many diseases of like character, which cause them to become a charge upon the city for long periods of time, and often for life?

5. What are your views with reference to the best means of checking and decreasing this disease, and what plan, in your opinion, could be adopted to relieve New York City of the enormous amount of misery and expense caused by syphilis?

6. You will reply in full to the above queries at the earliest possible date.

Dr. Sanger, fully understanding the difficulty of answering those questions, and the responsibility attached to the judgment he was asked to pass on the immorality of his own country, asked the governors to allow him the necessary time, and in 1858 published a most complete and carefully written book on the History of Prostitution.

SIMILARITY BETWEEN NEW YORK AND LONDON.

The part of his work relating to the prostitution in New York appears to bear such a strong similarity to that of London that I have been induced to make extracts from it, and condense them into this and the following chapter. I must say here that no enquiry could have been more searching, or deductions drawn in a fairer spirit.

The parallel between England and America is almost perfect. The same respect for the liberty of the subject; the same 'inviolabilité du domicile;' the same spirit of free trade, even in illicit trade; the same general dislike to police interference; and, I might add, the same objection to adopt any *foreign* measures—even when they have proved successful—exist alike in both countries. But I shall let Dr. Sanger speak of his own country, and the reader can judge for himself how much of his impartial remarks apply to English society.

SOCIAL RESPONSIBILITY.

'The public are responsible for prostitution, though they have never bestowed any attention upon it. It is one of the gravest and most difficult of social problems, involving the interests of every man in the community, and yet the most stupid indifference has been shown respecting it. The subject has been canvassed by medical men, on account of its sad effects upon the physical organisation; its extent has been known to judicial and police authorities from its social and civil results; but the great body of the public have hitherto decided that they know nothing and want to know nothing about it. They admit its existence, being too evident to be denied; but so far they have taken no steps to ascertain its source, or stay its progress, because it was a matter with which they were afraid to interfere; and now the deplorable circumstances accruing from it must be laid to their charge.'

The population of New York in 1858 was 700,000; and it was estimated that the number of prostitutes amounted to 6,000. (This of course comprises only the women known to the police.)

FOREIGN PROSTITUTES IN NEW YORK.

'It has been frequently remarked, and as generally believed (says Dr. Sanger), that a large majority of the prostitutes of New York are of foreign birth; but the table below goes far towards falsifying that opinion.'

Prostitutes born Abroad.

Austria 2	Germany 249	Scotland 52
Belgium 1	Ireland 706	Switzerland 17
British North America 63	Italy 1	Wales 1
Denmark 1	Poland 3	West Indies 4
England 104	Prussia 6	At Sea 13
France 13	Saxony 2	
		1,238

The above enumeration shows that five-eighths only of the prostitutes of New York were born abroad, the dominions of Great Britain furnishing the largest proportion.

As to what reasons induced them to emigrate to the United States, the following numbers will show.

Reasons	Number	Reasons	Number
Came as stewardess 2		Came with relatives, or to join relatives already in the United States 619	
Ran away from home 18		No special cause assigned 34	
Ill-usage of parents 34			
Came with their seducers 39			
Came to improve their condition . . 411			
Sent by parents or friends 81		Total of foreigners 1,238	

AVERAGE DURATION OF LIFE OF PROSTITUTES.

It is stated by the same author that the average duration of the life of a prostitute in New York does not exceed *four years* from the commencement of their career, which is very far below the average as ascertained by Parent-Duchatelet. In Paris, $6\frac{1}{2}$ per cent. had survived the horrors of courtesan life for fourteen years. In New York, only $3\frac{3}{4}$ have reached the same period. In Paris, $17\frac{1}{2}$ per cent. existed; in New York, only $3\frac{3}{4}$ exist after ten years of exposure. Dr. Sanger adds:—

‘It cannot be asserted that Paris is a more healthy city than New York; and this difference must arise from the fact that, while judicious arrangements are enforced in the former, a similar policy has not been recognised in the latter. If this relative mortality were the only fact known in this matter, the economy of human life would be an irresistible argument in favour of measures of supervision judiciously conceived and promptly executed.’

DANGERS OF A PROSTITUTE’S LIFE.

‘It may be asked, What are the peculiar dangers which attend the life of a prostitute?’

‘Besides the ill-treatment to which common women are peculiarly exposed, and their intemperate habits, which also tend materially to shorten their lives, there is a frightful physical malady to which all are liable—syphilis!’

Dr. Sanger gives here a table showing the number of those who have suffered from diseases incident on prostitution.

Disease	Attacks	Number
Gonorrhœa	1	153
"	2	53
"	3	44
Gonorrhœa and syphilis . . . . .	. . . . .	36
Syphilis	1	395
"	2	81
"	3	38
"	4	12
"	5	4
"	6	4
"	8	1
Total attacked		821

‘The nature and effects of venereal disease need not be discussed here ; it is sufficient for the present purpose to call attention to the fact that *more than two-fifths* of the total number of women examined during this investigation confess that they have suffered from syphilis or gonorrhœa. The probability is that, alarming as this confession is, the actual facts are much worse, professional experience proving the difficulty which exists in obtaining any voluntary reliable statement on the subject.’

‘But even assuming the answers to be correct, they indicate ample cause for the perpetuation of the disease, and its introduction in almost every branch of society. One-half of the total number who confess that they have suffered or suffer from that disease state that they have been so afflicted once only. In other forms of sickness this would be no cause for alarm, but in this instance it is a mooted point among medical writers whether the syphilitic taint can ever be eradicated from the system where it has been implanted. Upon this ground every citizen is competent to determine for himself the public mischief resulting daily from a mass of prostitutes, *two out of every five of whom are confessedly diseased.*’

THE CAUSE OF WOMEN BECOMING PROSTITUTES.

Question.—What was the cause of your becoming a prostitute?

Causes	Number
Inclination	513
Destitution	525
Seduced and abandoned	258
Drink and a desire to drink	181
Ill-treatment of parents, relatives, or husbands	164
As an easy life	124
Bad company	84
Persuaded by prostitutes	71
Too idle to work	29
Violated	27
Seduced on board emigrant ships	16
„ in emigrant boarding houses	8

2,000

By sub-dividing the above table, it will be seen at a glance that more than one-half have unwillingly taken to this kind of life, and consequently there are strong reasons to believe that, if proper measures were adopted, they might be redeemed.

Unwillingly	Number	Willingly	Number
Destitution	525	Inclination	513
Seduced and abandoned	258	Drink and a desire to drink	181
Ill-treatment of parents or husbands	164	As an easy life	124
Bad company	84	Too idle to work	29
Persuaded by prostitutes	71		
Violated	27		
Seduced	24		
	1,153		847

CHAPTER IV.

DANGERS OF SYPHILITIC INFECTION—VENEREAL DISEASES TREATED AT THE PUBLIC CHARITIES AND IN PRIVATE PRACTICE—AMOUNT OF VENEREAL DISEASE IN NEW YORK—THE COST OF PROSTITUTION—CONCLUSION.

DANGERS OF SYPHILITIC INFECTION.

‘FROM the prostitutes within our borders (says Dr. Sanger) emanate the plague of syphilis, and when the number of abandoned women is considered, in conjunction with the certainty that each of them is liable at any time to contract and extend the malady; when the probabilities of such extension are viewed in connection with the acknowledged fact that each prostitute in New York receives from *one to ten* visitors every day (instances are known where the maximum exceeds, and sometimes doubles, the highest number, here given), there can be no reasonable doubt of the danger of infection.’

‘The actual extent of venereal disease must be our first point of enquiry, and here the records of public institutions are of great service. The hospitals of Blackwell’s Island present the largest array of cases, the principal part of which were treated in the Penitentiary Hospital. The number of these cases was, in 1854, 1,541; 1855, 1,579; 1856, 1,639; 1857, 2,090.

Upon these facts the writer of these pages remarks:

‘The ratio of venereal disease on the gross

number of patients treated in 1854 was . $37\frac{1}{10}$ per cent.

The ratio of the same disease in 1855

was $58\frac{7}{10}$..

Showing an increase in the year 1855 of $21\frac{3}{10}$..

The ratio of venereal disease on the gross number of patients treated during 1856 was $73\frac{1}{10}$ per cent.
 Showing an increase in 1856, as compared with 1855, of $14\frac{4}{10}$ „
 Or an increase, as compared with 1854, of $35\frac{7}{10}$ „

‘ This steady increase of $21\frac{3}{10}$ per cent. in one year, and $14\frac{4}{10}$ per cent. in the next, or $35\frac{7}{10}$ per cent. within two years, may be considered as an incontrovertible proof of the progress of this malady in the city of New York. The fact that the people regard the Penitentiary Hospital as a *dernier ressort*, an institution to which nothing but the direct necessity will compel them to apply, justifies the conclusion that the cases treated there are but a fraction of the disease existing, and its increase here may be taken as a sure indication of a corresponding or larger increase among the general population.’

But the Penitentiary Hospital, although the chief, is not the only, institution where such patients are treated, and it will be necessary, in order to ascertain how much venereal disease exists in New York, to take the statistics of other hospitals and dispensaries.

VENEREAL DISEASES TREATED AT THE PUBLIC CHARITIES.

Amount of Venereal Disease in the New York Hospitals and Dispensaries.

	Cases
1. Penitentiary Hospital, Blackwell's Island	2,090
2. Almshouse	52
3. Workhouse	56
4. Penitentiary	430
5. Bellevue Hospital, New York	768
6. Nursery Hospital, Randall's Island	734
7. New York State Emigrants' Hospital, Ward's Island	559
8. New York Hospital, Broadway	405
9. New York Dispensary, Centre Street	1,580
10. Northern Dispensary, Waverley Place	327
11. Eastern Dispensary, Ludlow Street	630
12. Demilt Dispensary, Second Avenue	803
13. North-western Dispensary, Eighth Avenue	344
14. Medical colleges	207
15. King's County Hospital, Flatbush, Long Island	311
16. Brooklyn City Hospital, Brooklyn, Long Island	186
17. Seamen's Retreat, Staten Island	365
Total	9,847

‘ This shows the result of the published reports of charitable institutions, but the general system of record in hospitals includes only what may be called the prominent malady ; thus,

if a patient was admitted with a broken limb, it would be registered as a fracture, and if he were suffering from syphilis at the same time, no entry would be made thereof, and in this way a large number of venereal cases are treated in all public institutions without being ever recorded; more particularly so in those supported by voluntary contributions; *their benevolent directors have not yet outlived the prejudice which formerly held it almost as disgraceful to treat as to contract syphilis.* Some of the spirit which drew from the Papal government a bill recognising the affliction as a direct punishment from the Almighty for the sin of incontinence still survives in the present generation. The trustees of more than one of the dispensaries of New York have directed their medical officers not to prescribe for such complaints, and one of the hospitals has it in its printed rules, “*No person having gonorrhœa or syphilis shall be admitted as a charity patient.*”

‘Practically, such prohibitions are a dead letter. No physician of a public institution, applied to by a poor wretch suffering from syphilis, could pass him by without attempting to relieve him, let the orders of the board of trustees be what they may. Also those acquainted with the internal arrangements of public institutions need not be reminded that the general system of record in hospitals includes only what may be called the prominent malady. Thus if a man were admitted with a broken limb, it would be registered as a fracture, and if the same man were suffering indirectly from syphilis at the same time, no entry would be made thereof, although the physician rendered him every professional assistance towards its cure. Hence arises the circumstance that many cases are treated under some other name.’

If, then, the recorded cases are but two-thirds of the aggregate, the numbers stand thus:—

Cases recorded in public institutions	9,847
Cases not recorded	4,923
	<hr/>
	14,770

VENEREAL DISEASES IN PRIVATE PRACTICE.

‘The question next arises, what amount of syphilis is treated by physicians in private practice?’

‘It is impossible to obtain any reliable data upon this head. The Medical Board of Bellevue Hospital, composed of some of the leading members of the profession in the city, say that they are unable to state what proportion of the practice among regular and qualified physicians is derived from the treatment of venereal diseases, but they know it is large, and that many

receive more from this source *than from all other sources together*.

‘In the absence of all information, collateral circumstances form the only guide to a conclusion.

‘The amount is unquestionably very large.

‘The first consideration to support this view may be found in the army of advertising empirics, who make it a source of revenue. Each of these must have numerous patients; he could not keep up his business without them. Any practical advertiser knows that to insert an announcement of twenty or thirty lines every day in at least two daily papers, to repeat the same in weekly journals, and, in addition to this, to post handbills on the corner of every street, to employ men or boys to deliver them to passengers at steamboat docks, ferry landings, and railway depots, cannot be done without a considerable outlay, whatever its prospective advantages may be. No one supposes these charlatans to be actuated by pure disinterested benevolence. They crowd the columns of our journals, and insult us with their printed announcements in the public thoroughfares simply because “it pays.”

‘The number of patent medicines always in the market, and which the vendors announce “can be sent any distance, securely packed and safe from observation,” affords another corroboration. They are made and sold as a business speculation. The extent to which advertising empirics and patent medicines are flourishing is an undeniable proof of the prevalence of the maladies they profess to relieve.

‘The legitimate business of the drug stores affords another link in the chain of evidence. Beyond the regular nostrums, almost every druggist in the city sells large quantities of medicines for the cure of venereal disease.’

AMOUNT OF VENEREAL DISEASE IN NEW YORK.

‘We are satisfied, from professional experience and enquiry, that there is no exaggeration in estimating the number of patients treated privately every year for venereal diseases at, at least, *quadruple* the cases receiving assistance in hospitals and charitable establishments. The result is the enormous amount of 74,000 cases every year.’

‘Notwithstanding the magnitude of the result, a very brief consideration will show that it is not extravagant. In addition to the arguments already advanced, the reader will recollect that in a previous section it has been shown that two out of every five prostitutes in New York confessed the syphilitic taint. Supposing a girl relinquishes her calling as soon as she becomes aware of her being diseased, several days may have

elapsed before she discovered her condition, and during that interval she must have infected every man who had intercourse with her. To take the most liberal view, it may be conceded that the portion who acknowledged infection were not all suffering from the primary or communicable form, many of them had, doubtless, recovered from that; but if only one-half were so suffering, and each of them infected only one man, the result would be 365,000 men diseased every year.'

'This is not an exaggerated estimate. As was said, when alluding to the prostitutes who admitted their contamination, there can be no possible suspicion that they would acknowledge sickness if they could avoid doing so; and consequently the sick are certainly not overrated.'

'The calculation that, of these diseased women, one-half only are affected in a manner which renders them liable to infect their paramours, is also a liberal one.'

'Every resident in New York will remember the excitement caused in the spring of the year 1855 by the arrest of a number of prostitutes in the public streets, their committal to Blackwell's Island, and their subsequent discharge on writs of habeas corpus, on account of informality in the proceedings; but it is not generally known that of those arrested at that time a very large proportion, certainly more than one-half, were suffering from syphilis in its primary form, and many of them in its most inveterate state. We make this assertion from our own knowledge, the result of a professional examination; and mention the circumstance now to prove that women will not abandon their calling, when they know themselves diseased, so long as they can possibly continue it. If the estimate had been made, that each woman continued prostitution for eight days, instead of four days, after she was infected, it would have been a closer approximation to the truth, and it would have shown that over *one hundred thousand* (100,000) men were exposed to the infection every year.'

'Again, the supposition that a prostitute submits to but one act of prostitution every day is ridiculously small. No woman could pay her board, dress, and live in the expensive manner common among the class, upon the money she would receive from one visitor daily; even two visitors is a very low estimate, and four is very far from an unreasonably large one.'

'But suppositions might be multiplied, and the argument extended almost *ad infinitum*. One more calculation shall be submitted, and then the reader can form his own conclusion upon the question, whether the theory of seventy-four thousand cases of venereal disease in New York, every year, has not been supported by a mass of evidence far more weighty than can ordinarily be adduced to establish a controverted point.'

‘Supposing the 2,000 women found diseased equally distributed over the fifty-two working days devoted to this enquiry, or, in other words, that an average number were infected, and confessed it every day, and the result is thirty-eight women diseased every day.’

‘It shall be assumed that these thirty-eight women continue their calling for six days after the appearance of venereal disease, and during such six days, one half of them shall submit to one, and the other to two sexual acts daily. Then in the course of a year one hundred and twenty-five thousand men would be exposed to contamination; to this add the number of women infected, which at thirty-eight daily would amount to nearly thirteen thousand in the year, a total of *one hundred and thirty-eight thousand* will be presented, or nearly double the number assumed as a basis for remark. It is needless to advance further reasons in support of the soundness of that opinion.’

THE COST OF PROSTITUTION.

‘Next in order is the consideration of the amount of money prostitution costs the public.’

Table showing the Yearly Medical Expenditure chargeable to Prostitution alone in Nine of the New York Hospitals.

	\$
Island Hospital	22,750
Bellevue Hospital	7,000
Nursery Hospital	8,500
Emigrants' Hospital	7,075
New York City Hospital	8,260
Dispensaries	728
King's County Hospital	7,530
Brooklyn City Hospital	4,644
Seamen's Retreat	10,540
Total	77,027

VAGRANCY AND PAUPER EXPENSES INDIRECTLY CHARGEABLE TO PROSTITUTION.

Workhouse, Blackwell's Island	30,400
Penitentiary	24,030
Almshouse	15,750
Nursery, Randall's Island	30,000
Percentage of police and judiciary expenses, chargeable to prostitution	200,000
Total	300,180

	\$
Medical expenses	77,027
Vagrancy, police, &c.	300,180
Total	377,207

Or over £70,000.

‘Comment upon these figures would be superfluous. They present the monetary effect of prostitution in a convincing point of view. The American mind is said to be proverbially open to argument based upon dollars and cents. Without giving an unqualified assent to the proposition we may be permitted to hope that financial consideration, combined with the claims of benevolence and humanity, the appeals of virtue and morality, the demands of public health, and the future well-being of the community at large, will exercise that influence on the public mind which is necessary to the accomplishment of any valuable practical result from the present investigation.’

CONCLUSION.

‘Public responsibility must be understood in its broadest and most literal sense, as meaning the individual accountability of every member of the community. To this end an endeavour has been made to show the injurious effects of prohibition, disappointing expectation, as a means of decreasing syphilis, or of curtailing the limits of prostitution; the necessity which exists for effectual preventing measures; and the inefficient or worse than inefficient nature of the local arrangement of New York to accomplish this desideratum. Thus the way for a consideration of the remedial process has been opened; and now, with such evidence as he has before him, the reader may be asked, in all sincerity, if he does not seriously believe that it would be a prudent step, *instead of trying to extirpate the evil, to place prostitutes and prostitution under a medical bureau in the police department?* *Extirpation* never has been, never can be accomplished in any community; *repression* and *restriction*, as proposed, have been tried and have proved successful.’

PROSTITUTION IN LONDON.

CHAPTER V.

WHAT IS A PROSTITUTE? — OBJECTIONS AGAINST SANITARY MEASURES —, OBJECTIONS TO THE REGISTRATION OF PROSTITUTES—POPULATION OF LONDON —A PHASE OF LIFE AT STONEHOUSE, DEVON—NUMBER OF KNOWN PROSTITUTES IN FIFTY-SEVEN OF THE PRINCIPAL TOWNS OF ENGLAND AND WALES—WHAT CAUSES A WOMAN TO BECOME A PROSTITUTE?—IMMEDIATE CAUSES — REMOTE CAUSES—NUMBER OF KNOWN PROSTITUTES AND HOUSES OF BAD CHARACTER IN EACH COUNTY OF ENGLAND AND WALES.

WHAT IS A PROSTITUTE?

IN attempting to estimate the number of prostitutes in a given town, the first and the greatest difficulty is to determine which is the class of women that fall under the name of prostitutes, and why that term should be applied to them.

Hence the great disparity which exists between the various estimates made at different times. Mr. Colquhoun, a magistrate of the Thames police-court, towards the close of the last century, fixed their number at 50,000.* Dr. Ryan, Dr. Campbell, Mr. Talbot, and others carried their estimate to 80,000. On the other hand, the returns of the Metropolitan Police in 1841 give a total of 9,400, and in 1857 of 8,600. The enormous difference between the police statistics and the estimates given above are evidently caused by a different application of the term prostitute. It is probable that those who rated their number at 80,000 included broadly under that name all women who were supposed not to be virtuous, and made only one category of what ought to be called public and private prostitution.

Now, without entering into the discussion of the social difference which exists between the two, or attempting to justify either class, I certainly think that all cases of illicit intercourse ought not to come under the general term of prostitution. Whether, if it were possible to entirely suppress private prostitution, it would be to the advantage of public morality, or advisable to do so, I shall leave others to discuss; but I cannot refrain from quoting here the opinion of an eminent surgeon (Mr. Holmes Coote), who said, ‘that the vices attending prostitution are not the worst.’

* W. Acton on Prostitution, p. 15, London, 1857.

The name of prostitute should be sparingly given to those only who, getting their living by public prostitution, incur the risk of contracting certain diseases inherent to their calling, and thus become a danger to the public health. These should be put under police supervision, to repress acts of immorality of which they might be publicly guilty, and under medical control to be cured of their diseases, and so prevented from becoming a source of infection.

Public prostitutes are then the only class of which I shall speak in the following pages.

OBJECTIONS AGAINST SANITARY MEASURES.

The greatest objection urged against sanitary laws being introduced in England is that they would necessitate a system of registration as in France, which would involve the legislative recognition of prostitution as a branch of industry. Now, in common fairness, I would ask, if a law which affords the same protection to a public, debauched, drunken prostitute that it does to an honest woman, is not much more protective than a law which says: ‘We will do all we can to prevent your becoming a prostitute; we will help, and get others to help you, to begin a new and honest life; but if we fail in this, if you still persist in being a prostitute, we will withdraw from you the protection afforded to honest women; you will be outlawed; we will impose upon you social restrictions and sanitary regulations, which you will be compelled to obey. Under these circumstances, do you choose to remain a prostitute?’

Can this be fairly called ‘*affording protection to prostitution and recognising it as a lawful branch of industry?*’ And if a woman, after being made aware of her degraded condition, still persists in leading the same life, is it wrong to protect society against her open acts of immorality, and the public health from a disease of which she may be the innocent recipient, but which she is certain to propagate to a fearful extent? Is it not, on the other hand, the duty of society to protect itself from such a position and open danger? It has also been said that such laws would ‘afford increased facilities for promiscuous intercourse of the sexes.’ Now I feel certain it would be quite the reverse. How can there be more facilities than there are at present in London, when there is no control of any kind either over the women who walk the streets or over the houses they frequent?

Many a woman who walks the streets to-day would reform to-morrow, rather than accept to live under police and sanitary supervision. Many a girl would be deterred from making the

first false step in entering a suspicious house, by the fear of being thought a public prostitute.

Many a young man who accepts the invitation of a street-walker would shrink from doing so if he thought the house to which he might be taken was a public one, probably watched by the police.

Remove the veil, and prostitution will lose all its charms, and half its dangers.

I need not mention the names of any public places of resort, but every Londoner knows that, practically, the incentive of prostitution takes place now under the eye, and with the apparent sanction of, the law, for policemen are there night after night keeping order amongst those who assemble there for no other purpose.

OBJECTIONS TO THE REGISTRATION OF PROSTITUTES.

Another objection to the adoption of sanitary and preventive regulations is, that they would necessitate the registration of prostitutes. This objection is entirely nullified by the fact that the police make, and have made for years, a report, not only of the prostitutes and brothels in London, but of those in every town in England and Wales.

What is this if not registration?

The following statistical tables will prove what I advance.

Table showing the Number of Prostitutes and Houses of Bad Character known to the Police in London, in the month of September 1864.

	Number of Prostitutes		Total	Number of Houses of Bad Character			Total
	Under 16 Years	16 Years and above		Resort of Thieves and Prostitutes		Brothels and Houses of Ill Fame	
				Public-houses and Beershops	Coffeeshops and other Suspected Houses		
London (Metropolitan Police district & City)	279	5,410	5,689	284	232	1,332	1,848

Here we have a return of 5,689 prostitutes in London, 279 being under sixteen years of age. This is precise enough. Besides this number of women at large, the police know of 1,332 brothels, without counting 516 public-houses and coffee-shops of bad character, frequented by thieves and prostitutes.

Now supposing that each brothel contains only three prostitutes (a number ridiculously small), we should have 3,996 women living in brothels, which number, being added to the 5,689 living at large, gives us a total of 9,685.

Surely no one can accuse the police report of being exaggerated, and had it been twice as much, it might have been nearer the truth. But it is not among the ordinary duties of the police to notice prostitutes (and they do not pretend to give the exact number of all in London, but simply those known to them), so that we may reasonably infer that those women who have forced themselves upon the recollection of the generally indifferent policeman must have done something very much out of the ordinary way, and belong to the lowest class of the population.

In this opinion I am borne out by the official returns, which show that 6,269 prostitutes were proceeded against before the justices of the London police-courts during the same year. I cannot enter into a detailed account of the offences for which they were committed; nor is it necessary, since I only wish to show that the class to which they belong require police as much as sanitary supervision.

POPULATION OF LONDON.

I do not wish to open the question as to whether it would be possible in a large town like London to do away with public prostitution. I will merely give the following table of the whole population of London, to show that with nearly one million of single men and women above fifteen years of age, there must always exist a large amount of promiscuous intercourse; and it is more than probable that any great diminution in public prostitution would be followed by an equal increase in private prostitution and seduction, which would prove a still greater danger to society.

Table showing the Population of London in 1865.

	Males	Females	Total
Bachelors above 15 years	324,689		
„ under 15 years	161,027		
Spinsters above 15 years		404,773	
„ under 15 years		465,877	
Husbands	481,386		
Wives		495,024	
Widowers	40,679		
Widows		130,534	
Total population of London	1,307,781	1,496,208	2,803,989

To those who say that prostitution had better be left alone, and that its evils would be increased by its recognition, I offer the following account of what happened about a year ago in a town of Devonshire.

Extract from the 'Daily Telegraph,' Dec. 14, 1865.

'A PHASE OF LIFE AT STONEHOUSE, DEVON.—DEC. 14, 1865.

'On Saturday last certain measures were adopted by the magistrates against many keepers of beer-shops in the town, because they had made their shops simply harbours for that class of the inhabitants who are commonly styled "unfortunates." Fines were inflicted, and the several landlords were cautioned. They took immediate action. It appears that the respectable townspeople, whose representations had brought about the magisterial action, of two forms of suffering to which they were subjected, thought that the open and unabashed profligacy which made their streets intolerable at night was a scandal which, for choice, needed more immediate action than that of the houses wherein the "unfortunates" were harboured. The landlords, probably laying these comparative reasons to heart, and possibly with a view of showing that the streets *could* be made worse, summarily, on that very Saturday evening, evicted all their tenants of questionable profession. A remarkable scene resulted, for the state of Union Street and Fore Street, Stonehouse, became worse than it generally has been for a long time past. More than one hundred girls and women crowded the pavements, houseless, and clamouring all kinds of complaints and designs. The "workhouse" was the most popular resource proposed, and thither all the girls marched in procession. Some marines "formed" the band in a "flank march of fours," and, a drummer boy having been enlisted, the column, headed by its music, marched on to the workhouse. The master was sitting quietly taking his tea (he describes), when he heard a noise in the street, then the ringing of the workhouse bell, and a knocking at the large doors. His first impression was that he heard an alarm of fire. He rushed from his room in time to witness his porter overwhelmed by the rush of girls and women. On they came, till he was fain to admit four or five into his office for an explanation. The deputation demanded accommodation for them all to sleep in the workhouse, because their landlords had turned them out homeless. The master explained that he had not room for all that night, but they declared they would not "move an inch." It was ultimately arranged by the police that the girls should return under a proper understanding (without prejudice) to the houses whence they had been ejected, till Monday morning. On Monday, the guardians were sitting to hear applications for relief. One of the first suitors was Caroline Wilson, 23 years of age. When asked by the chairman what she applied for, she replied, "Nothing at all." She was an unfortunate girl, that was all. She had been turned out of house and home. She could not live in the open air. "I want refuge." The chairman went on to question her, and she replied that she had been in Stonehouse sixteen months, and before that had never had any fixed residence. She had always been a traveller, and did not know exactly the place where she was born. She however considered "the sect of girls to which I belong to be defenders," for "if it were not for the likes of us being in the town, respectable people would not be able to walk the streets."

What would the people of London think, if 9,000 prostitutes were to form themselves into a procession, and march through the streets, headed by a band? Then public opinion would, perhaps, recognise them as a class, and begin to think that something must be done.

The next table shows the number of prostitutes and houses of bad character, known to the police, in fifty-seven of the principal towns of England and Wales, which I have not selected, but simply made a list of those containing more than fifty prostitutes known to the police.

Table showing the Number of Prostitutes and Houses of Bad Character, known to the Police, in 57 of the principal towns of England and Wales.

Towns	Prostitutes			Houses of Bad Character		
	Under 16 years	16 years and above	Total	Resort of Thieves & Prostitutes	Brothels	Total
Bath	6	141	147	28	26	54
Birmingham	50	352	402	349	183	532
Birkenhead . . . . .	..	59	59	60	46	106
Blackburn	1	123	124	75	53	128
Bolton . . . . .	..	91	91	29	10	39
Boston . . . . .	..	76	76	16	40	56
Bradford . . . . .	..	136	136	44	56	100
Brighton	35	340	375	73	110	183
Bristol	5	289	294	107	134	241
Cambridge . . . . .	..	93	93	23	18	41
Canterbury . . . . .	..	50	50	15	4	19
Cardiff	20	585	605	91	172	263
Carlisle	3	51	54	8	11	19
Colchester	40	220	260	19	25	44
Coventry	2	56	58	17	21	38
Derby	35	80	115	23	18	41
Devonport	9	160	169	18	30	48
Dover	8	192	200	24	11	35
Durham . . . . .	..	61	61	20	9	29
Exeter	11	189	200	32	21	53
Grimsby	6	59	65	11	19	30
Halifax . . . . .	..	55	55	24	26	50
Hereford	2	57	59	5	18	23
Huddersfield . . . . .	..	80	80	35	14	49
Hull	15	565	580	91	203	294
Ipswich . . . . .	..	85	85	37	10	47
Leeds	17	285	302	149	64	213
Leicester	8	90	98	20	25	45
Liverpool	27	2,316	2,343	447	906	1,353
London	279	5,410	5,689	486	1,322	1,808
Maidstone . . . . .	..	70	70	16	5	21
Manchester	12	1,061	1,073	243	410	653
Newcastle-on-Tyne	3	279	282	65	56	121
Newport (Monmouth) . . . . .	..	233	233	34	56	90
Newport (Southampton) . . . . .	..	54	54	5	2	7
Norwich . . . . .	..	202	202	27	21	48
Nottingham	12	136	148	36	65	101

Number of Prostitutes, &c., in England and Wales—continued.

Towns	Prostitutes			Houses of Bad Character		
	Under 16 years	16 years and above	Total	Resort of Thieves & Prostitutes	Brothels	Total
Oldham . . . . .	..	56	56	18	29	47
Oxford . . . . .	..	60	60	12	18	30
Plymouth	20	750	770	35	100	135
Portsmouth	41	1,750	1,791	415	286	701
Preston	7	115	122	64	61	125
Reading	4	106	110	23	7	30
Rochdale	1	93	94	22	54	76
Salford	10	79	89	55	16	71
Scarborough	7	87	94	13	21	34
Sheffield . . . . .	..	124	124	47	84	131
Southampton . . . . .	..	800	800	68	95	163
Sunderland . . . . .	..	158	158	25	28	53
Swansea . . . . .	..	179	179	67	80	147
Tynemouth	9	54	63	30	6	36
Walsall . . . . .	..	55	55	11	16	27
Windsor (New) . . . . .	..	50	50	7	..	7
Worcester	20	146	166	31	34	65
Wolverhampton	24	205	229	74	85	159
Yarmouth (Great)	14	132	146	21	30	51
York . . . . .	..	78	78	8	59	67
Totals	763	19,458	20,221	3,628	5,329	9,157

The above table gives us a total of 20,221 prostitutes at large, known to the police, and of 5,329 brothels. If we follow the same moderate rule, adopted for London, of reckoning three women only for each brothel, we have 15,987 more women, which, being added to the others, gives us a total of 36,208 prostitutes to be divided between the fifty-seven towns.

The unequal division, though arbitrary, as may be seen at a glance, is easily explained, for it shows an almost uniform increase of numbers in all towns where there is a large floating male population. Thus in seaport towns, where sailors remain only for a few days or weeks, and go away, to be replaced by new-comers, the demand for prostitutes is great, and the supply accordingly large. This constant change of men, and indiscriminate intercourse with the women of the town, must considerably increase the amount of venereal disease. In great manufacturing centres, where the unmarried male population is largely in excess of the female, there is also a corresponding increase in the number of prostitutes.

A more strict police supervision of prostitution would also considerably diminish the enormous number of 9,157 houses of bad character known to be the resort of thieves and prostitutes.

WHAT CAUSES A WOMAN TO BECOME A PROSTITUTE?

Now that we have become aware of the real existence of a large number of prostitutes, it would be interesting to know what are the principal reasons which cause them to become prostitutes. Unfortunately, we have very few data from which we can draw reasonable conclusions, for, beyond some statistics showing that few, if any of them, can read or write well, and that the great majority can neither read nor write, we have nothing certain. Those who have taken the trouble to read the parts referring to the prostitution in Paris and New York may have gathered an idea of some of the motives that induce women to adopt a mode of life which many of them abhor at first, and only continue afterwards from habit or necessity.

The statistics of Paris prove that a large percentage of these women are every year restored to their friends or made to adopt a better kind of life. Among those under age it often amounts to 80 per cent., and it is easily understood that, during their long stay in the hospital, with the daily visits of chaplains, and the kind advice and promises of help of charitable lady visitors, those poor girls can be induced to change a life which has only been to them a source of disease.

There are, however, a few causes almost peculiar to England, which, I think, ought not to be passed unnoticed, since they would tend to exculpate more than half the women from the responsibility of the first fault.

I shall divide them into immediate and remote causes.

IMMEDIATE CAUSES.

1. The extreme liberty allowed to young girls, and the nearly total absence of parental supervision among the lower classes.
2. As a consequence, bad company and the almost irresistible temptation girls are exposed to, when they are yet too young and inexperienced to understand the dangers of a first fault.
3. The unfortunate readiness with which even virtuous girls and women accept the offer of intoxicating drinks.*
4. The large number (in London) of apparently respectable houses, coffee-shops and beer-shops, and others, where young girls can be taken for the purpose of being seduced.

* The police returns show that during the year 1866 the prosecutions of females for drunkenness, and being drunk and disorderly, amounted to 23,807 for England and Wales.

REMOTE CAUSES.

1. The Breach of Promise of Marriage Law, which indirectly influences many a girl to yield to the wishes of one she likes, when she finds out too late that this law is only useful in the hands of the artful.

2. The apparent protection of the law to women who have become 'enceinte,' which in at least half the cases cannot be applied, or is applied wrongly, and often serves the purposes of extortion; but in many cases induces ignorant girls to be less careful than they otherwise might be.

I have given the following statistical tables with little hope of their being read, but principally to show the very efficient manner in which the registration of known prostitutes is made out for every town and county in England and Wales, and that no more police information is required before sanitary regulations against prostitution can be adopted.

Table showing the Number of known Prostitutes and Houses of Bad Character in each County, in the month of September, 1864.

Counties	Number of Prostitutes		Total	Number of Houses of Bad Character			Total
	Under 16 years	16 years and above		Resort of Thieves and Prostitutes		Brothels and Houses of ill Fame	
				Public-Houses and Beer-Shops	Coffee-Shops and other suspected Houses		
Bedfordshire . . .	..	113	113	35	22	10	67
Berkshire . . .	7	162	169	52	7	32	91
Buckinghamshire . . .	5	67	72	22	10	5	37
Cambridgeshire . . .	5	189	194	43	21	60	124
Cheshire . . .	11	271	282	84	97	137	318
Cornwall . . .	8	147	155	6	..	19	25
Cumberland . . .	3	90	93	15	2	21	38
Derbyshire . . .	39	154	193	45	40	39	124
Devonshire . . .	151	1,662	1,813	103	49	247	399
Dorsetshire . . .	25	271	296	52	41	42	135
Durham . . .	3	431	434	75	39	83	197
Essex (beyond the Metropolitan Police District) . . .	40	372	412	51	42	40	133
Gloucestershire . . .	8	562	570	128	31	190	349
Herefordshire . . .	2	84	86	8	15	26	49
Hertfordshire . . .	22	125	145	26	2	7	35
Huntingdonshire . . .	..	47	47	8	2	6	16
Kent (beyond the Metropolitan Police District) . . .	39	889	928	121	19	95	235
Lancashire . . .	71	4,270	4,341	829	265	1,656	2,750
Leicestershire . . .	8	117	125	21	..	31	52
Lincolnshire . . .	35	464	499	99	68	171	338

Number of known Prostitutes, &c., in each County—continued.

Counties	Number of Prostitutes		Total	Number of Houses of Bad Character			Total
	Under 16 years	16 years and above		Resort of Thieves and Prostitutes		Brothels and Houses of Ill Fame	
				Public-Houses and Beer-Shops	Coffee-Shops and other suspected Houses		
Middlesex (Metropolitan Police District and London City) }	279	5,410	5,689	284	232	1,332	1,848
Monmouthshire . . .	..	273	273	20	22	70	112
Norfolk . . .	16	496	512	69	18	84	171
Northamptonshire . .	3	100	103	32	11	32	75
Northumberland . . .	16	373	389	75	50	58	183
Nottinghamshire . . .	12	235	247	49	47	78	174
Oxfordshire . . .	2	151	153	33	11	41	85
Rutlandshire . . .	..	7	7	..	..	..	..
Shropshire . . .	4	96	100	47	21	59	127
Somersetshire . . .	83	417	500	81	28	85	194
Southampton . . .	81	3,190	3,271	578	52	431	1,061
Staffordshire . . .	42	578	620	175	136	225	536
Suffolk . . .	3	252	255	76	14	52	142
Surroy (beyond the Metropolitan Police District) . . . }	..	63	63	17	2	6	8
Sussex . . .	47	418	495	53	55	121	229
Warwickshire . . .	62	555	617	355	43	246	644
Westmoreland . . .	..	5	5	3	..	..	..
Wiltshire . . .	1	94	95	1	5	19	25
Worcestershire . . .	39	323	362	82	23	112	217
Yorkshire . . .	58	1,754	1,812	447	127	550	1,124
Anglesey . . .	..	12	12	1	1	..	2
Brecknockshire . . .	..	25	25	1	1	3	5
Cardiganshire . . .	..	4	4	..	..	..	..
Carmarthenshire . . .	..	30	30	13	5	11	28
Carmarvonshire . . .	..	39	39	6	6	10	22
Denbighshire . . .	..	13	13	5	4	4	13
Flintshire . . .	..	4	4	..	..	1	1
Glamorganshire . . .	53	1,085	1,138	142	114	389	645
Merionethshire . . .	..	6	6	..	..	..	..
Montgomeryshire . . .	..	33	33	10	3	7	20
Pembrokeshire . . .	7	9	16	25	26	45	96
Radnorshire . . .	..	1	1	..	..	..	..
Total of England and Wales }	1,292	26,802	28,094	4,533	1,837	7,092	13,402

The above table shows us that in the fifty-two counties there are 28,094 public prostitutes at large; and if to them we add the number of women living in the 7,092 brothels *known to the police* (reckoning three only for each house), we have a grand total of 49,370 prostitutes.

Number of prostitutes under and above 16 years of age, known to the police, in England and Wales	28,094
Number of women in the 7,092 brothels, known to the police, (supposing three only for each house)	21,276
Total	49,370

These numbers, although far from representing the whole of the prostitutes in England and Wales, are however large enough to surprise those who believe that the 'social evil' can be 'stamped out' by the prosecution and fine of a few women, or their eviction from half-a-dozen houses in a particular neighbourhood.

I may add that I have only taken the numbers returned *officially* under the name of prostitutes, though it is probable that a large percentage is to be found under the following heads.

Table showing the Number of Depredators, Offenders, and Suspected Persons at large in September, 1866.

	Known Thieves and Depredators	Receivers of Stolen Goods	Suspected Persons	Vagrants and Tramps
	Females	Females	Females	Females
Total of England and Wales }	5,648	628	5,673	44,654

These records explain how futile and useless it must necessarily have been to attempt to suppress public prostitution, when we have a total of 105,963 women of bad character, from amongst whom, were there no others, prostitution could everlastingly replenish its ranks.

But, if *suppression* has proved impossible, *repression* ought to be tried, for we have the experience of other countries to show that it has been found not only practicable, but even most beneficial.

COMPARISON BETWEEN PARIS AND LONDON.

In contrast to the public display of immorality in the streets of London is the following description of prostitution in Paris. It is extracted from the foreign correspondence of a New York Journal:—

'Paris, May 27, 1858.

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'For many months, as you know, the municipality officers, the churchwardens, and the journals of London have been excited over this very question of prostitution; and no wonder. One need but to leave Paris and fall suddenly in the streets of London at an advanced hour of the evening to comprehend the excitement of its citizens on

the subject. To the Frenchman, crossing the Channel is like crossing the river Styx; he falls suddenly into a pandemonium of street disorder and drunken licentiousness for which he is not prepared. He recalls Mery's terrible picture in "Nezim," and does not find it overdrawn. He sees nothing like this in his own city, and he is surprised beyond measure, for he has been taught to believe in the Puritanism of Protestant countries.

'When an American or an Englishman, habituated to the revolting night-scenes of New York or London, first arrives in Paris, he is astonished at the absolute absence of similar scenes in our streets. He has, perhaps, arrived here with the impression—most foreigners do—that prostitution, and revelry, and drunken debauchery, stalk forth in the day and render hideous the night. But he forgets that he has arrived in a city where there are laws, and police to execute them; in a city where refinement and the proprieties of life are carried to their extreme perfection; and where such license and debauchery as prevail in English and American cities would be an absolute contradiction to the spirit and habits of the people. The reader will please observe that I do not speak of the morals of the people, but of their ideas of decorum and of the proprieties of life; of what is due to decency and an ordinary respect for appearances.

'This extreme attention to appearances is, in fact, one of the principal attractions of a residence in Paris. The city is not only maintained free of inanimate filth, but of *animate* filth as well; at least, you are not forced to see it, if you do not wish to. In London no lady dare walk out unattended after eight o'clock in the evening, and after eleven o'clock she will have her eyes and ears insulted, no matter how well attended; while in Paris she may remain in the streets to any hour of the night, and neither have her eyes offended nor her ears insulted.'

* * * * *

'It is thus that the fashionable promenades of Paris, the public balls, and the gardens even, may be frequented by ladies and children at all hours of the evening and night, without once seeing any of those offensive movements of public women so common in the streets of English and American cities. Contrast this state of things with that of London. Let the reader, if he has ever lived there, recall to mind the Strand, the Haymarket, Piccadilly, Leicester Square, and Regent Street—the fashionable business quarters of the city. One hesitates to enter upon a description of such a scene. It refreshes his historical recollections of the decadence of Rome; his name should be Plato to look upon such sights. The streets swarm with drunken and foul-spoken young girls—often mere children; and when I say swarm, I mean that you have to push your way to get through them. Is it then strange that the citizens of London should feel scandalized at this state of things, or that its journals, or its churchwardens, should seek to find a remedy for the nuisance? They will think of everything else before they arrive at the simple, *effective*, and beautifully-working Paris system: because they are a Protestant people, and must not compromise with a sin. It must be left to find its own level. Honourable citizens must consent to allow their sons, often their families, to come in contact with these demoralising stony-hearted horrors of the streets; they must suffer individually and as a community from the vile ten-

dencies of street prostitution, because they hesitate to control it, and to give it over to the care of the police. To see the finest evening promenades of a Protestant and Christian city given up exclusively to the unutterable shames and horrors of street prostitution is a problem in the catalogue of inconsistencies which Catholic and infidel France cannot fathom. In France the law acts on the principle that for a public woman to be seen in the street is an insult to public taste, and hence, when it is necessary for these girls to be conveyed to prison, to the hospital, or to the Dispensary of the Prefecture of Police, they are mounted in close carriages constructed for the purpose; or when by hazard they are obliged to take a public *fiacre*, they are required to keep the blinds down. You may say what you please about the surface morality of the French, but their respect for the public eye does honour to their civilisation, and their law on this evil would be well adopted elsewhere. There is no truer principle in civil government than that the moral sores of society should be hidden as much as possible from the public view; for it is now too late in the day to combat the maxim long ago put in print by Pope, that vice is propagated by a familiarity with it. The French law may be culpable in permitting masked balls and the keeping of concubines, but these are affairs that belong to the interior, which the public need not see if they do not wish to; the important distinction is, that the French law does not compel an honest father of a family, in returning from church or theatre, to push his way through mobs of drunken lewd women, who salute his children's ears with language they ought never to hear.

'In one of its last articles on the general subject of prostitution, the London *Times* declares that the proper method of diminishing the number of these unfortunates (for to think of eradicating the evil is an illusion) is not by missionary efforts directed to them, but rather to their poor parents; for these poor girls were raised in sin, and *never made a fall*. The same thing holds good here. Ninety-five hundredths of all the public women of Paris are born and raised in filthiness of mind and body; at the age of ten, twelve, and fourteen years they are already prostitutes and thieves; and when they get their first silk dress, their first fine toilet, earned in their shameful profession, they take a step higher in the scale of morality; for then they cease to steal, they acquire a certain degree of pride in their conduct, they are more respectful and decently behaved. So that, paradoxical as it may seem, the immense majority of the public women of Paris, instead of making a fall, have actually been promoted in the scale of morality. But all these women know nothing else than the life in which they have been raised; they are fit for nothing else; they are incorrigibly averse to all moral reason that can be addressed to them; and the real remedy is an enlightenment of the parents of such children, a general improvement in the moral tone of the lowest classes. In fine, if it is an evil which cannot be eradicated, and if the children of beggars, rag-pickers, and others, will fall into evil-doing, it is right to protect society at least from the public demonstration of their vile occupation, by the passage of effective police laws.'

VENEREAL DISEASES IN LONDON.

CHAPTER VI.

EXCLUSION OF VENEREAL PATIENTS FROM HOSPITALS—WHERE VENEREAL PATIENTS ARE TREATED—RESULT OF INQUIRIES AT TWELVE OF THE METROPOLITAN HOSPITALS—TOTAL OF OUT-PATIENTS TREATED—NUMBER OF OUT-PATIENTS TREATED AT FIFTY-TWO OTHER GENERAL HOSPITALS AND DISPENSARIES—RESULT OF INQUIRIES MADE IN 1849 BY MR. ACTON—APPROXIMATE NUMBER OF DISEASED PROSTITUTES—OBJECTIONS TO ANY INTERFERENCE WITH INDIVIDUAL LIBERTY.

EXCLUSION OF VENEREAL PATIENTS FROM HOSPITALS.

THE first official recognition of syphilis in England is found in a police regulation of the year 1430, during the reign of Henry VI., excluding venereal patients from the London hospitals, and requiring them to be strictly guarded at night. In the time of Henry VIII. there were six 'lazar-houses' in London for the reception of venereal patients, namely: at Knightsbridge, Hammersmith, Highgate, Kingsland, St. George's Gate, and Mile End.

We shall find that there is very little difference between the barbarous times of the fifteenth century and the enlightened year 1867; for with the exception of the Lock Hospital, containing a *very* small number of beds, it will be seen in the following tables that patients suffering from venereal diseases are *still excluded* from most of the London hospitals, so that they have cause to regret the suppression of the 'lazar-houses' of olden time.

This exclusion of a certain class of disease from the recognised hospitals is disastrous in many respects. It strengthens in the public mind the idea that it is a secret disease (loathsome and shameful), which even medical men shun; it prevents patients from applying early for relief; it drives a large number to the charlatans and advertisers of 'so-called' specific medicines; it compels diseased women to continue their calling, and thus spreads the infection to an enormous extent; it also prevents students from observing the nature and treatment of a disease with which they will meet, in some form or other, almost every day in their future practice.

It would be of the utmost interest to be able to ascertain what is the amount of venereal diseases in London at the present day; but unfortunately that is an impossibility, and I am sorry

to be compelled even to admit that there are very few data upon which to fix a reasonable approximation. That they prevail to an enormous extent, everybody who has studied the subject will readily admit; but their being *secret* has taken them away from public recognition, and also from public control.

Even if public hospitals and dispensaries should keep a correct and reliable account of all the venereal patients to whom they give relief; if we could get a true record of all the cases admitted as in-patients, either for that malady alone, or as a complication of some other affection; if we could get a return of those treated at the public dispensaries; if we knew the whole number of those that are driven by it to workhouse-infirmaries, or linger in prison-hospitals; even then we should have no clue to help us to find out the enormous amount of venereal disease treated in private practice. A man will often go to the hospital himself, but send his wife and children to 'the doctor.'

Another and large class of sufferers are treated by chemists, or buy such medicines as are advertised for the cure of secret diseases. It is impossible for a large majority of the single men to leave their shops, counting-houses, or other employments, for nearly a whole afternoon, in order to avail themselves of hospital relief. They mostly apply to chemists in the evening.

Another evidently great and equally unknown and unattainable number are treated by quacks.

Any attempt to determine by figures the precise number of venereal cases in a given population would simply be an absurdity. The only thing possible is to prove their existence, even to a large amount; but the whole total will ever remain unknown.

For these reasons I have divided *such shamed* sufferers under four different heads. Of course this arbitrary division is only used in order to arrive at an approximate total, taking the number treated in public institutions as a basis.

WHERE VENEREAL PATIENTS ARE TREATED.

One-half, or fifty per cent., are treated in private practice, which of course is entirely closed against statistical investigation.

Twenty per cent. apply for relief at the general hospitals and dispensaries.

Twenty per cent. are treated 'over the counter' by chemists, or in 'surgery-shops.'

Ten per cent. go to the quacks, and generally get *ill-treated* in every sense of the word.

As we cannot get any estimate of cases treated in private practice, or of those cases treated 'over the counter,' or who buy

patent medicine, and still less of those who go to the quacks, we have only the statistics of the public practice of the metropolitan hospitals to fall back upon for information; and I have no doubt that the reader will be as disappointed as I have been when I received the answer from most of them that, for in-patients 'no beds are allotted,' and for out-patients 'no records are kept.'

I am not the first who has complained of the want of reliable information on this subject; Mr. Acton remarked, ten years ago, in his very searching book, on the *Prostitution of London*: 'I cannot help expressing my regret at the limited acquaintance with the importance of medical statistics which would appear to prevail among governors of hospitals and others concerned in their administration. Their medical officers—whose legitimate duty can hardly be said to include the compilation of statistics, however favourably they may look upon such enquiries—are precluded from all chance of accurately investigating either the spread or the decrease of disease.'

It is a pleasure to be able to acknowledge that two, at least, of the London hospitals are exempt from this general reproach; for St. Bartholomew's and Guy's hospitals publish, as far as in-patients are concerned, most elaborate and interesting statistical reports.

RESULT OF ENQUIRIES AT THE METROPOLITAN HOSPITALS.

The following table shows the result of enquiries made at twelve of the metropolitan hospitals and schools of medicine.

Hospitals	Number of Beds devoted to Venereal Cases		Number of Cases treated		Total of Venereal Cases treated as In-patients	Number of Male and Female Venereal Out-patients
	Males	Females	Males	Females		
St. Bartholomew's .	25	56	288	353	641	Not recorded.
Charing Cross .	..	..	..	..	..	No record kept.
St. George's .	..	..	Rarely admitted.		No return.	No statistics kept.
Guy's .	24	30	204	270	474	Not recorded.
King's College .	6	6	No answer.		..	..
London .	..	4	No return.		..	No record kept.
St. Mary's .	..	..	None admitted.		..	" "
The Middlesex .	15	6	No return.		..	" "
Royal Free .	..	26*	20 to 30	No record	No return.	" "
St. Thomas's†	..	..	Not admitted at present.		..	" "
University College	..	..	..	..	..	" "
Westminster .	..	..	14	15	29	" "
	70	128				
Total .	198					

* These 26 beds are reported as being always full.

† In the old hospital, 25 beds were allotted to females, and 40 to males.

On looking at the above table, the public could only arrive at one of two conclusions : either that venereal diseases are so scarce as to require little or no special accommodation from the public charities (for six out of the twelve metropolitan hospitals have no beds at all for such cases), or that if they really exist to the enormous amount known to the profession, then the means adopted for their cure must be unwarrantably inadequate. We are all the more inclined to adopt this last view, from the fact that it is not the patients who are shown to be wanting—as is proved by the statistics of St. Bartholomew's Hospital, who, with 81 beds, and Guy's Hospital with 54 beds, admit—the first, 641 venereal in-patients ; the second, 474 cases of the same disease—but because most of the hospitals are *closed* against these cases.

The following table will show that venereal patients ought not to be left entirely dependent on the generosity of private contributors ; for, although the number of out-patients treated do great credit to the medical officers, the number of beds provided (55 for females and 15 for males) shows that the *London Venereal Hospital* falls sadly short of the requirements of a most prevalent disease amongst a population of 2,803,989.

LOCK HOSPITAL.

Number of Cases treated during the year 1865.

Number of Beds			Number of In-patients treated			Number of Out-patients treated			Whole Total of Patients treated
Males	Females	Total	Males	Females	Total	Males	Females	Total	
15	55	70	82	260	342	4,087	595	4,682	5,024

It was stated, in 1859, by Mr. Acton, with reference to the venereal out-patients of St. Thomas's Hospital, that although not reported, they numbered *one in two* of all surgical out-patients.

At the French dispensary, the estimate of venereal diseases among the men amounts to more than 70 per cent., and reaches over 40 per cent. on the whole total of patients.

Everybody who has followed the practice among the out-patients of hospitals is well aware that, in estimating the number of venereal cases (male and female) at 20 per cent. on the whole number of surgical out-patients, I am taking an estimate much too low ; but as no return is given of the medical and surgical out-patients of hospitals, and as there is reason to suppose that many cases find their way into the medical and obstetric departments (in the case of infants especially), and

principally because, in the absence of definite information or reliable statistics, it is better, in estimating the amount of such diseases, to remain below the average rather than run the risk of being guilty of unintentional exaggeration, I propose to reckon the number of venereal cases at 5 per cent. only on the whole total of out-patients treated at the twelve London hospitals.

NUMBER OF PATIENTS TREATED AT TWELVE OF THE METROPOLITAN HOSPITALS.

I give here a table showing the number of beds in each hospital, the number of in-patients admitted, and the total of the out-patients treated during one year (1865):—

London Hospitals.

	Number of Beds	Total of In-patients treated during the year	Total of Out-patients treated during the year	
St. Bartholomew's . . .	650	6,125	100,000	{ Statistics of In-patients No record
Charing Cross . . .	115	1,171	18,242	
St. George's . . .	350	4,046	17,115	
Guy's * . . .	600	5,511	74,819	{ Statistics of In-patients No record
King's College . . .	100	1,900	37,792	
London † . . .	445	4,234	26,418	
St. Mary's . . .	150	1,730	16,598	" "
Middlesex . . .	350	2,181	22,998	" "
St. Thomas's ‡ . . .	250 now	2,500 (?)	90,000 (?)	" "
University College . . .	115	1,511	24,583	" "
Westminster . . .	200	1,870	26,075	" "
Royal Free . . .	150	1,257	70,910	" "
	3,475	34,036	525,550	

If we reckon the number of venereal cases at 5 per cent. on this total of 525,550 out-patients treated at the above hospitals, we get a first return (leaving out the fraction) of 26,277, which, with the 1,144 cases admitted as in-patients in St. Bartholomew's, Guy's, and Westminster Hospitals, gives us a joint number of 27,321; and if to these we add the 5,024 patients treated at the Lock Hospital, we have an aggregate total of 32,345 persons suffering from venereal disease.

* Report for the year 1864.

† Report for the year 1864.

‡ No report is published now. The old hospital contained 500 beds.

NUMBER OF OUT-PATIENTS TREATED AT FIFTY-TWO OTHER
GENERAL HOSPITALS AND DISPENSARIES.

But the *special*, and the twelve general hospitals above mentioned, do not represent the whole of the medical charities of which London may be so justly proud; there are, besides, 114 other medical institutions, amongst which I have selected 20 hospitals and 32 dispensaries, who return an aggregate total of 461,000 out-patients relieved during the year.*

*Table showing the Number of Out-Patients Treated at 20 of the
London General Hospitals, and 32 General Dispensaries.*

HOSPITALS.			
Central London Ophthalmic	5,000	London Royal Ophthalmic	18,000
German Hospital	16,680	Royal Westminster Ophthalmic	900
Great Northern	17,869	St. John's Hospital for Skin	
Hospital for Diseases of the Skin	10,000	Diseases	7,800
Hospital for Diseases of the Throat	2,500	St. Mark's Hospital	1,100
Hospital for Sick Children	11,230	Samaritan Free Hospital for Wo-	
Hospital for Women		men and Children	8,482
London Infirmary	17,168	Seamen's Hospital	
Metropolitan Free Hospital	85,747	The Ophthalmic Hospital	6,000
Poplar Hospital	3,549	Western Ophthalmic Hospital	1,897
Royal Infirmary for Children and		West London Hospital	34,378
Women	12,000		
		Total	260,300
DISPENSARIES.			
Battersea Dispensary	880	Notting Hill and Shepherd's Bush	
Bloomsbury Dispensary	5,000	Dispensary	3,000
Brixton, Streatham Hill, &c., Ge-		Paddington Provident Dispensary	6,000
neral Dispensary	3,040	Pimlico and West London Dis-	
Central London Ophthalmic	5,000	pensary	5,000
Charlotte St. London and Western		Public Dispensary, Lincoln's Inn	5,000
General Dispensary	400	Queen Adelaide Dispensary	2,200
City of London and East London		Royal General Dispensary	15,000
Dispensary	11,000	St. James's and St. Anne's Gene-	
Clapham General Dispensary	4,800	ral Dispensary	3,760
Eastern Dispensary	3,600	St. John's Wood Provident Dis-	
Farringdon General Dispensary	12,000	pensary	1,247
Finsbury Dispensary	20,000	St. Marylebone Provident Dispen-	
French Dispensary	2,000	sary	4,000
Holloway and North Islington		St. Pancras Dispensary	7,000
Dispensary	8,597	Tottenham General Dispensary	415
Kensington Dispensary	6,000	Tower Hamlets Dispensary	3,000
London Dispensary	2,000	Westbourne Dispensary	12,000
Metropolitan Dispensary	12,000	Western General Dispensary	16,382
National Institution for Diseases		Westminster General Dispensary	7,338
of the Skin	9,368		
North-Western Dispensary for			
Sick Children	3,673		
		Total	200,700
20 Hospitals	260,300		
32 Dispensaries	200,700		
Joint total	461,000		

* I have excluded from this list the Lying-In, Consumption, Cancer, Fever, Small-pox, Orthopædic, Dental Hospitals and Dispensaries; nor have I mentioned those who give no return of the number of patients they relieve.

If we found it impossible to get any reliable statistics from the large hospitals, we must, I think, be careful not to rely too closely on the numbers returned by the smaller institutions; so partly on this account, and partly because I think that among the patients who apply to them, they see more of the sequelæ of venereal affections than of the actual disease itself, I should propose to rate the proportion of venereal cases at $2\frac{1}{2}$ per cent. only on the whole number of patients returned; thus we should get 11,525 cases, which, being added to the 32,345 already found, gives us a total of 43,870 persons treated by the 66 medical charities here enumerated.

Now, if we take this total of 43,870 as a basis, and consider it as representing 20 per cent. of the whole number of venereal cases in the metropolis, and add to it the numbers which, in following the same rate of percentage, would be found to come under the three other heads, we get the enormous return of 219,350 persons suffering yearly from venereal infections, which is equivalent to 11.6 per cent. of the whole male and female population of London above 15 years of age; and 7.8 per cent. on the total population of the metropolis.

Table showing the Approximate Number of Venereal Cases occurring in London during the course of One Year, and where they are treated.

Percentage of Venereal cases treated as Out-Patients at the twelve metropolitan hospitals and schools of medicine (reckoned at 5 per cent.)	26,277
Reported cases treated as In-Patients at the same	1,044
Cases treated at the male and female Lock Hospitals	5,024
Percentage of Venereal cases treated at the London General Hospitals and Dispensaries (reckoned at $2\frac{1}{2}$ per cent.)	11,525
	<hr/> 43,870 <hr/>
Total of Venereal cases treated at the London Public Charities (supposed to represent one-fifth, or 20 per cent. of the whole amount)	43,870
Cases treated in Private Practice (supposed to be 50 per cent. of the whole amount)	109,695
Cases treated by Chemists and Druggists (supposed to be 20 per cent. of the whole amount)	43,870
Cases treated by Quacks (supposed to be 10 per cent. of the whole amount)	21,935
	<hr/> 219,370 <hr/>

Large as these numbers appear to be, they are only, I believe, an approximation of the truth; and if we bear in mind that few of those affections last less than a month, and many more than a year, then we can form some idea of the amount of misery, of the loss of time and money which is caused by venereal diseases.

I am quite prepared to see the above figures denied by unprofessional men, as being deducted from a supposed percentage, and consequently giving a fictitious return.

To this objection I would answer that, for the reasons I have stated in another part, and knowing it to be impossible to arrive by any means at a mathematical proof of the real number of venereal cases in London, my aim has been chiefly to show that they exist to a very large extent, and leave the reader to decide for himself how near my estimate approaches the undiscoverable total.

RESULT OF ENQUIRIES MADE IN 1849 BY MR. ACTON.

Mr. Acton tells us, in reference to the amount of venereal disease treated at the London hospitals:—

‘In 1849 I made an analysis of the surgical out-patients of Messrs. Lloyd and Wormald, at that time assistant-surgeons to St. Bartholomew’s Hospital. They amounted to 5,327 during the year, of whom 2,513, or nearly half, had suffered from venereal diseases.

	Venereal Men	Venereal Women and Children	Total
Mr. Lloyd’s patients . .	1,009	245	1,254
Mr. Wormald’s patients . .	986	273	1,259
Total . .	1,995	518	2,513

‘From which it appears that one in every five out-patients was a woman or a child.

‘In the *Medical Times* for 1854 I find (says Mr. Acton) a report made by Mr. Coote, on his out-patients at St. Bartholomew’s, during four months. He states that out of 493, the whole number, 212, or 43 per cent. were venereal cases. Of this number there were 155 males and 57 females, which would seem to favour an approximate calculation that one female infected, on an average, three males. The same gentleman, in his recent “Report on some important points of Syphilis,” informs us that in St. Bartholomew’s Hospital between 7,000 and 8,000 patients of both sexes and of all ages are annually seen labouring under venereal disease. Of these the proportion of women to men is as 3 to 5, and of infants to adults as 6 to 1,000.

‘On the 21st of April, 1857, a cold and wet day, therefore reducing to somewhat below the average the attendance of applicants for relief, I saw Mr. Paget treat his out-patients at St. Bartholomew’s. 123 men, women, and children passed under my eye, and I found that out of these there were 59 venereal

and 64 non-venereal cases (24 were new cases—8 venereal and 16 non-venereal).’ *

I think the above fully proves that in estimating the venereal cases at 5 per cent. for the large hospitals, and $2\frac{1}{2}$ per cent. for the smaller hospitals and dispensaries, on the whole amount of out-patients returned, I have taken too low a percentage.

But it is of no practical use to attempt to count the dead leaves of a diseased tree, or waste time in simply recording their increase every year. We know the main trunk from whence the poison is derived, and there we must apply the remedy if we want to check the disease. As it is well known that venereal affections are chiefly contracted from prostitutes, it will easily be conceded that the best means to protect the rest of the population is to diminish the dreadful extent of those diseases among them.

APPROXIMATE NUMBER OF DISEASED PROSTITUTES.

There are in London about 10,000 prostitutes known to the police. We have seen that in Paris the proportion of venereal disease among the women who escape the sanitary supervision has never been less than 1 in 7, and that in New York it amounts to 1 in 3. We shall then take a liberal view if we estimate the amount of disease among the 10,000 prostitutes of London at 1 in 10. Now if we divide the year into 300 working days, and suppose that each of these 1,000 women had intercourse with only one man per day, and that one-half only of these men became infected, we should have 150,000 men diseased in the course of a year from this source alone. If we add to these the large percentage of infections derived from non-recognised prostitutes, and the many new sufferers made by these men, before they had become aware of their own infection, we should certainly get more than 220,000 new cases of venereal disease occurring in London every year.

OBJECTION TO ANY INTERFERENCE WITH INDIVIDUAL LIBERTY.

It has been urged by those who are opposed to the adoption of sanitary measures against prostitution, that the apprehension of a diseased woman, and her detention until cured, would be an act of decided interference with the liberty of the subject. Albeit that in nine cases out of ten it would be also an act of charity, that interference would only be applied to the members of a class who had voluntarily subjected themselves to it, by choosing this mode of life. Every help ought to be offered to women to prevent their becoming prostitutes, but, when such,

* W. Acton, Esq., on Prostitution, pp. 35, 36.

they ought to be prevented from endangering the public health and offending public morality.

But there is hardly any law—however necessary it may be—that does not interfere, in some way or other, with the liberty of a few individuals, in order to benefit the majority of the public; and we find no cause of complaint. Have we not quarantine regulations, and very proper and decided interference with various forms of local nuisances? Have we not the house visitations and forcible removal of diseased persons during the prevalence of an epidemy? Have we not seen the most stringent regulations and restrictions interfering with private liberty, property, and interest, in order to prevent the spread of the cattle plague? I give the following extract from a letter of a Dublin correspondent, published in the London newspapers at the time, to show how far people were ready to go in order to save from contagion a few hundred of cattle:—

The Cattle Plague Committee proper had an interview, on the same day, with the Chief Secretary; but as it was private I am not able to acquaint you with what took place. At a later period of the day a deputation from the committee, headed by Lord Naas, waited on the several steam-packet companies trading from this port, when the annexed suggestions were adopted by the City of Dublin, the Holyhead, and the Liverpool Companies: ‘1. In consequence of the great public danger which exists, the propagation of disease by means of the clothes, shoes, sticks, &c., used by persons frequenting markets in Great Britain, we are of opinion that stringent measures for disinfection should be adopted with regard to such persons. We therefore believe that all such persons should, before their return to this country, be subjected to a process of disinfection, to be carried out as near as possible to the point of embarkation; that this should be done through the instrumentality of the police, and enforced by heavy penalties. 2. We also suggest the importance to the whole kingdom of similar regulations being enforced with regard to every cattle market still open in Great Britain; and we recommend that every person brought into contact with cattle exposed to public sale should, as soon as possible after the conclusion of the business of the day, be obliged to change his clothes, or submit himself to a disinfecting process; and that all persons who refuse to take these precautions should, in addition to a liability to a heavy fine, be absolutely prohibited thereafter from entering any cattle market for a period of time to be specified.’ These recommendations are to be forthwith submitted to the Government, with a view of having them authoritatively proclaimed.

Here I may conclude with the words of Parent-Duchatelet:—
 ‘And nothing has been done to arrest the progress of syphilis—the worst and most frightful of all plagues—which for nearly three hundred years has been raging amongst us.

‘Such neglect could hardly be believed, and will, I am sure, astonish future generations.’

ARMY STATISTICS.

CHAPTER VII.

STATISTICS SHOWING THE AMOUNT OF VENEREAL DISEASE IN THE
BELGIAN, ITALIAN, FRENCH, AND ENGLISH ARMIES.

BELGIAN ARMY.

FROM the statistics of Mr. Vleminckz, inspector-general of the Belgian army, I extract the following:—

‘In ten garrison towns of Belgium the mean average of venereal disease among the troops was 9·80 per cent. for the year 1858; 9·67 per cent. for 1859; 7·21 per cent. for 1860. The average duration of treatment being 29 days.’ *

ITALIAN ARMY.

‘Mr. Demaria, president of the Academy of Medicine of Turin, has given the following statistics, collected by Dr. Sperino, which show that for the four years from 1850 to 1853 (previous to sanitary reforms being adopted in Turin), the percentage of venereal disease among the troops was 20·45 per cent.; and for 1856 (i. e. after the reform), the proportion had fallen to 11·60 per cent.; in 1857 to 12·6; and in 1858 to 9·16 per cent. of the strength.’ †

FRENCH ARMY.

I extract from Dr. Jeannel’s work the following interesting table, showing the percentages of venereal diseases (according to their order of proportions) in 27 garrison towns, for the years 1858 and 1860:— ‡

* Dr. Jeannel, on the *Prostitution of Bordeaux*, p. 299.

† *Ibid*, p. 305.

‡ *Ibid*, p. 270.

Towns	Number of Venereal Cases per 100 men of strength		Towns	Number of Venereal Cases per 100 men of strength	
	1858	1860		1858	1860
Nancy	15.96	59.81*	Thionville	7.57	6.69
Lyons	13.60	16.32	Strasbourg	7.79	6.28
Marseilles	11.33	12.78	Ajaccio	11.86	5.99
Perpignan	8.95	11.92	Valenciennes et Condé .	11.96	5.87
Lille	15.23	11.62	Bayonno	7.80	5.61
Bordeaux	25.54	10.35	Metz	6.37	5.58
Bastia	6.12	10.6	St. Omer and Camp } d'Helfaut }	7.64	4.87
Rennes	14.64	9.32	Longwy	6.12	4.24
Bitsche	5.68	9.21	Cambray	6.32	4.2
Sedan	12.94	9.10	Montmédy	6.4	3.79
Rome	3.68	8.72	Paris	3.42	3.39
Toulouse	9.4	8.16	Sarraguemines	11.12	3.17
Montpellier	5.29	7.41	Briançon	2.88	1.99
Calais	13.25	7.38			

We find that Paris is one of the lowest on the scale, although it offers more temptations and opportunities to soldiers than any other town, the proportion being 3.42 and 3.39 per cent. ; whilst in some of the other garrison-towns (leaving out Nancy) it ranges between 2 and 25 per cent., the majority being, however, under 10. The mean percentage for the whole of them being, for the year 1858, 7.41; and for 1860, 7.11 per cent. This difference in favour of Paris speaks highly for its sanitary regulations.

I owe the following official statistics of the French army to the extreme kindness of 'M. le Docteur Ely, Secrétaire Adjoint au Conseil de Santé des Armées.'

NUMBER OF MEN SUFFERING FROM VENEREAL DISEASES IN THE FRENCH ARMY IN 1865.

1. The *real* number of men suffering from venereal diseases has been 31,918, or 92 per 1,000 of the strength.

2. As compared with other diseases, the proportion is 147 per 1,000 patients.

3. There are 1,660 days of illness from venereal diseases per 10,000 days of illness from all causes.

4. The average duration of illness from venereal is 33 days, and 3.10 days loss of service per man, from venereal diseases, in the whole force.

5. The daily average of venereal patients has been 2,280, or 9 per cent. of the strength.

6. The number of days lost from venereal diseases (amounting

* There had been, at Nancy, an extraordinary epidemic of venereal disease for that year.

to 1,050,240) is equivalent to the loss of service of the whole army during *three days*.

These statistics present this interesting new point—which must have cost a great amount of labour—that they now give the percentage of the *men* suffering from venereal in the course of a year; whilst in the statistics of the English army we only get the proportion of admissions into hospitals for venereal diseases, compared with the total number of admissions from all other causes, and not the percentage of *men diseased* among the whole strength.

ENGLISH ARMY.

The admissions by venereal diseases in 1862 and 1863 respectively, at some of the principal stations in England, have been as follows :—

Towns	Ratio per 100 of strength		Towns	Ratio per 100 of strength	
	1863	1862		1863	1862
Canterbury	43·5	44·1	Woolwich	29·2	37·1
Colchester	39·6	46·4	Shorncliffe	24·8	23·3
Devonport and Plymouth	35·1	36·7	Isle of Wight	24·6	..
Portsmouth	34·9	40·7	London { Household }	14·3	12·7
Manchester	33·	45·5	and { cavalry }		
Chatham and Sheerness	32·2	31·3	Windsor { Foot guards	34·8	34·8
Dover	31·3	33·7	{ Line regiments }	25·	23·1
Aldershott	30·3	34·9			

Amount of Venereal Disease in the Whole Army, 1864.

1. Average strength of troops serving in the United Kingdom in 1864 73,252
2. Total admissions into Hospital from all causes 70,806
3. Ditto, ditto, from Venereal Disease 21,296
4. Average number constantly in Hospital for Venereal Disease 1,399·2
5. Average period of Venereal cases under treatment 23·98 days
6. Loss of service by Venereal Diseases in the whole force 6·97 days
7. { Ratio per } Admissions from Venereal
{ 1,000 of } Diseases 290·7
{ strength. } Constantly in Hospital for
Venereal Diseases 19·10
8. The number of days lost from Venereal Diseases is equivalent to the loss of service of the whole army during *seven days*.

Now, if in order to arrive at an approximation of the number of men suffering from venereal in the whole force, we reckon only those classes of disease that would not necessitate re-admissions into hospital, unless from a new infection, such as primary venereal, warts, and gonorrhœa, we get even then, from the numbers returned, 15,670 patients, or 21·3 per cent. of the strength.

Comparison between the Amount of Venereal Disease in the French and English Armies.

FRENCH ARMY.

ENGLISH ARMY.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Average number of troops serving in France in 1865—346,934. 2. The real number of men suffering from Venereal has been 31,918, or 92 per 1,000 of the strength. 3. As compared with other diseases, the proportion is 147 per 1,000 patients. 4. Daily average number of Venereal patients, 2,280, or 9 per 1,000 of the strength. 5. Average duration of illness from Venereal diseases, 33 days. 6. Loss of service (per man) by Venereal in the whole force, 3·10 days. 7. The number of days lost from Venereal diseases is equivalent to the loss of service of the whole army during three days. | <ol style="list-style-type: none"> 1. Average number of troops serving in the United Kingdom in 1864—73,252. 2. No statistics made. 3. Ratio for admissions from Venereal per 1,000 men of the strength, 290·7. 4. Average number constantly in Hospital for Venereal, 1,399·2, or 19·10 per 1,000 of the strength. 5. Average period of Venereal cases under treatment, 23·98 days. 6. Loss of service (per man) by Venereal in the whole force, 6·97 days. 7. The number of days lost from Venereal diseases is equivalent to the loss of service of the whole army during seven days. |
|---|---|

The above figures require no comment; in themselves they are sufficiently striking, since they prove the amount of venereal disease to be twice as large in the English as in the French army; and unfortunately there is no reason to believe that the same striking difference does not exist among the civil population of the two countries.

CHAPTER VIII.

MEASURES TO BE ADOPTED FOR THE PREVENTION OF VENEREAL DISEASES.

APPOINTMENT OF A SPECIAL COMMITTEE BY GOVERNMENT—REPORT OF THE COMMITTEE—LETTERS FROM LT.-GENERAL SIR HENRY STOKES, K.C.B. AND MR INGLOTT, COMPTROLLER OF CHARITABLE INSTITUTIONS AT MALTA—EXTRACTS FROM THE EVIDENCE OF ADMIRAL SIR W. F. MARTIN, BART., K.C.B.; OF W. HICKMAN, ESQ., SECRETARY AND PAYMASTER OF THE ROYAL NAVY; AND OF MR. GUY AND MR. STRENGTH, SUPERINTENDENTS OF POLICE.

IN October, 1864, a Committee was appointed by Government to enquire into the treatment and prevention of venereal diseases in the army and navy. It was composed of Mr. Skey (chairman), Dr. Babington, Dr. Balfour, Mr. Cock, Dr. Donnet, Mr. Quain, Dr. Wilks, and Mr. Spencer Smith (secretary). The part relating to treatment is yet to be published, but that part containing the ‘practical rules suggested for diminishing the frequency of contagion, and which are capable of adoption in ship or barrack,’ was drawn up and laid before the authorities at the beginning of last year, and enabled the Government to pass a new ‘*Act for the better Prevention of Contagious Diseases at certain Naval and Military Stations.*’ The recommendations of the Committee were based upon the evidence of a large number of witnesses, comprising naval, military, and civil surgeons, who almost unanimously recommended that ‘*prostitutes in garrison towns should be periodically and frequently inspected, and if found to be diseased, secluded until restored to health.*’

This document, emanating from a body of eminent medical men, who for nearly two years have been investigating this important subject, is far too valuable to be simply analysed, and I shall give it in full, with the addition of extracts from the evidence of certain witnesses.

REPORT OF THE COMMITTEE.

ON PREVENTION.

‘The Committee beg leave to report as follows upon that portion of their Lordships’ instructions which has reference to “Any practical rules which the Committee can suggest to the military and naval authorities to diminish the frequency of the cases of contagion, and which are capable of adoption in the daily life of the ship or barrack.”

‘The fact of their Lordships having appointed this Committee for the above purpose, would seem to indicate that no further evidence of the extensive prevalence and widespread ravages of syphilis was needed. The Committee content themselves, therefore, with merely placing before their Lordships the following statistics of the Army serving in the United Kingdom, for 1864, and of the Navy, at home and abroad, for the year 1862, relating to this disease, from which it appears that the admissions into hospital on account of venereal diseases among the troops serving in the United Kingdom amounted in that year to 291 per 1,000 of the strength, that they constituted 29 per cent. of all the admissions, that the average number of men under treatment for them was 19·1 per 1,000 of the force, and that the loss of service arising from them was equal to that of the whole force serving in the United Kingdom for an entire week. The statistics of the navy for 1862 show the number of cases admitted for treatment—for all diseases—throughout the service to have been 1,506 per 1,000 of the strength. The average number treated for venereal diseases was 125·1 per 1,000, constituting 12·5 per cent. of all the admissions. The daily loss from venereal diseases was about 586 men per day, or in the ratio of 9·9 per 1,000, which may be looked upon as equal to the loss of the services of the whole complement of such a vessel as H.M.S. Royal Oak (iron-clad). The injury to the public service is, however, by no means fully estimated by the immediate and direct effect of the sickness of men who still remain in the army and navy. The Committee have received much evidence showing that various other diseases, on account of which a considerable number of men are discharged as unfit for service, have their origin in syphilis, or in the waste of health which results from it.

‘The letter from Major-General Sir Henry Storks, K.C.B., addressed to the Chairman, in reply to enquiries, shows what has been done with eminent success to prevent venereal disease and diminish prostitution in the Ionian Islands and in Malta; also the communication from Mr. Inglott, Comptroller of Charitable Institutions at Malta, addressed to the Chairman, relates the successful result of the regulations in force with respect to prostitution in Malta.

Lieut.-General Sir Henry Storks, K.C.B., to Mr. Skey, Chairman of the Committee.—(Extract.)

Palace, Malta, October 22, 1865.

SIR,—I have the honor to acknowledge the receipt of your letter of the 6th instant, requesting me to communicate to the Committee now sitting at the Admiralty, for the purpose of investigating the subject

of the venereal disease, some of the results of my experience on this important question. I respond with great pleasure to your invitation, and shall be happy to give you all the information I possess on the subject.

I must premise that my observations, as the result of experience, will only extend as far as Her Majesty's troops are concerned on the different stations where I have served.

Every one must admit the prevalence of the venereal disease, particularly at homo stations, and any one who is in the habit of looking at soldiers must be struck with the number of men to be seen in the ranks who are tainted with this fearful malady. The question is, Can this disease be checked? Can it be controlled? Can the health of the troops and of the seamen of the fleet be guaranteed against contracting this diroful malady? I believe that all this can be done.

I proceed to indicate the places where I have seen the venereal disease checked and controlled, and to state the means by which this great result has been achieved.

When I held the office of Her Majesty's Lord High Commissioner of the Ionian Islands I gave a good deal of attention to this subject, and I found that the disease prevailed in all the larger islands, and that the troops suffered a good deal from it.

It was determined to apply with care and vigour the powers given by the law as regarded registration and inspection of prostitutes, and all the women of the town were registered by the police and periodically inspected by the police physician.

This careful and periodical inspection was attended with the happiest results, and the disease may be said to have almost disappeared in the Islands of Corfu, Zante, and Cephalonia.

In Malta the same police regulations exist, and I know of no place so singularly free from venereal disease as regards the professional prostitutes.

To give an example of the actual state of Malta as compared with stations where the women of the town are not inspected, I would refer to the condition of the garrison with reference to the venereal disease during last spring and summer.

On the 12th of April the 84th Regiment disembarked at Malta. On that day the cases under treatment in the hospitals, including the whole garrison of this fortress, amounting to 6,192 men, were 5.

The 84th Regiment reported 19 cases on arrival, and a week after their disembarkation there were 38 cases in the regimental hospital, the increase arising from undetected cases during the voyage.

The 29th Regiment disembarked on the 1st of July, and reported 16 cases of venereal. The day previous there were only 23 men under treatment for this disease in the garrison, and the majority of these cases were in the 84th Regiment.

After the 29th Regiment had been a week in the command, 23 cases were under treatment in the regimental hospital.

Both regiments came from Dublin to Malta. Yesterday, the 21st October, there were only 8 cases of venereal disease reported in the garrison. This statement will, I think, sufficiently prove the superior sanitary condition of a place, as regards the venereal disease, where the women of the town are registered and inspected.

But if it be important to inspect closely and periodically the women of the town, and to have them under police control as regards registration and inspection, it is equally of consequence to have the troops under observation and discipline, and every man in a regiment or a ship should be inspected once a week.

In conclusion, I am of opinion that very little benefit will result from the best-devised means of prevention until prostitution is recognised as a necessity, and until hospitals are provided for the women of the town to resort to.

The amount of disease and misery that would be prevented by enforcing a sanitary inspection of prostitutes is incalculable, and it is a subject which earnestly claims the attention of the authorities competent to deal with it.

I have, &c.,
(Signed) H. K. STORKS.

*Mr. Inglott, Comptroller of Charitable Institutions at Malta, to
Mr. Skey.—(Extract).*

Office of Charitable Institutions,
Malta, November 6, 1865.

SIR,—I have the honor to acknowledge the receipt of your letter of the 10th ultimo, informing me that a Committee of medical men has for some time been sitting in London to investigate and report to Government on venereal disease, its treatment and prevention, and requesting me to furnish you, as the Chairman of that Committee, with any 'statistics' or other 'details' of 'our management' which may be useful to you in your future Report, having for their object the mitigation of the terrible evils of prostitution in London, and the arrest of the progress and extension of syphilitic disease.

As regards 'statistics,' I regret I am unable to furnish you with any information, as public prostitution in this small island has never assumed that 'alarming magnitude' and that 'brazen effrontery' as to induce authority to conceive or enact any special measures for its 'regulation' or 'suppression;' and the evils arising therefrom have never made their appearance in those terrible forms which are common in many other parts of Europe, notwithstanding our position as a 'centre passing point,' the 'permanent residence of a large garrison,' and the 'occasional presence of a numerous fleet.'

This 'apparently necessary evil of social profligacy' has always been in Malta below its normal proportion with reference to the density of our population, and the local circumstances above stated.

Previous to the restriction, which I shall hereafter mention, the number of public prostitutes has never exceeded 200, including foreigners, a fact which, when considered with reference to a population circumstanced as that of Malta, will justify me in stating that public prostitution in this island is so limited in number that it cannot form the subject of instructive social statistics.

Yet syphilitic affections, it is generally asserted, are by no means uncommon. This fact is easily explained.

The unfortunate women who take to prostitution, being few in number, in the midst of a large permanent and moving population, must have more than ordinary employment, and it naturally follows that if one alone be tainted with the horrid evil (in the majority of cases inoculated from imported infections), the propagation of the disease soon becomes one of the clamours of the town, and in a day obtains by exaggeration the character of an epidemic, and the subject of prostitution is for a short time the set topic of discussion among the sensual portion of the population.

Judging from the Lock Hospital under my control, the disease invariably abounds among the class of low prostitutes who are almost exclusively frequented by 'soldiers and seamen,' which explains the fact why the consequences of the infection have been more frequent among these individuals than among the native population.

The disease very seldom, if ever, exists among the few respectable prostitutes (if I may so designate them), almost all foreigners, scattered in the towns of the island.

'Our management' consists in the enforcement of a very simple measure.

Females leading a life of prostitution were, from the time of the Knights I believe, subjected to certain police regulations and to 'periodical personal inspection;' but in the beginning of 1859 it was found that the 'personal inspection' was not ordained by law, but was a traditional abuse of power which may be put at defiance by the slightest resistance. The fact was artfully communicated to the peculiar class of persons concerned, and a general resistance was soon made to the practice.

The awful consequences of non-restraint soon became apparent, more especially in the wards of the military and naval hospitals, and the Local Government was moved to enact an Ordinance, with a view of preventing the spreading of the disease.

The operation of this law has had the effect of checking public prostitution to a great extent, besides of annihilating almost the disease.

Prostitutes averse to the medical-police inspection have since emigrated to Alexandria and to other eastern cities, and females inclined to lead a profligate life have been deterred from taking to the streets by the revival of the 'old police measure.'

The registers contain at present hardly 120 prostitutes, generally of the very lowest class of the population, without the least personal attraction, and half idiotic.

In fact, public prostitution can be hardly said to exist in Malta, and the absence of this 'apparently necessary evil' is beginning to inspire apprehensions as regards the safety of 'private virtue and morality.'

This abnormal state of things has lately become known in other parts of the Mediterranean, and an immigration of foreign prostitutes has been the immediate consequence.

The Malta law does not involve 'a system of legal recognition of public prostitution,' it does not 'license females to the unlawful occupation,' but simply places those who practise it under a kind of

surveillance, with a view of obtaining a sanitary advantage by enforcing a measure which tends to mitigate or prevent the awful consequences of neglected syphilitic affections. Besides 'periodical personal inspection,' the Malta law also enjoins the establishment of 'Lock Hospitals,' without which the good results I have described would not have been obtained.

Considering the successful working of the 'simple management' our law prescribes, I may conclude by observing, that if the important question upon which your Committee is called upon to report be so agitated by the public as to persuade Parliament to deviate slightly from their strict adherence to 'constitutional principles,' and to adopt a 'special law,' similar in its general provisions to ours, the terrible evils of prostitution in London will be greatly mitigated, and the progress and extension of syphilitic disease considerably arrested.

I have, &c.,

(Signed)

J. V. INGLOTT,

Comptroller of Charitable Institutions, Malta.

'The Report of the enquiries made into the subject of Prostitution in Paris, and the laws and regulations in force there for its repression, affords evidence that much may be done, not only to prevent disease, but to repress prostitution, and even to reclaim the women engaged in it.

'The Committee have examined upwards of sixty witnesses, including the highest authorities of the Army and Navy, medical officers of both services, and such members of the Civil branch of the profession as were deemed likely from their opportunities of observation or great practical experience in the treatment of venereal disease, to be able to give useful information on the subjects under investigation, and here (although it must be again referred to in another portion of the more extended Report) the Committee cannot neglect the opportunity of calling attention to the evidence of the many distinguished authorities so strongly confirming the opinion which has of late years been increasing in strength amongst the profession, as to the fatal effects of syphilis on the human offspring. They testify to its prevalence amongst all classes of society, its insidious nature, the frequent failure of all but men of great experience to recognise it, and, moreover, to the most important fact, that the poisoned *fœtus in utero* is no infrequent cause of miscarriage in women.

'Proceeding to consider the question of prevention of venereal diseases, it was obvious to the Committee that *The Contagious Diseases Prevention Act* claimed their first attention.

'The evidence shows that in one most important point that Act has proved successful, and in just that particular in which it might, *à priori*, have been expected to fail, viz. that

which relates to the feelings of the unfortunate women with whom it has to deal. So far from opposing its operation, they appear to appreciate its value to themselves. Magisterial interference in its operation is the exception. Out of 752 informations laid, all the women attended voluntarily but 6; and there is evidence to show that they would be tolerant of even further interference having their health for its object. On the other hand, that the Act is defective in many particulars is proved by an immense body of evidence; out of 60 witnesses examined, 42 either declared the Act did not 'go far enough,' or offered opinions upon the directions in which its powers should be increased; of the 18 remaining, 5 stated that they were not acquainted with its provisions, and the others, having been called to give evidence upon special points of pathology, were not examined respecting it. The points in which the Act, as it now stands, appears to the Committee to be specially defective are these, viz. :—

'1stly. That the evidence commonly obtained as to the existence of disease in the women is bad of its kind, and inconclusive, and the mode of obtaining it very objectionable. The evidence of the police shows three sources of information: 1st, that of the soldiers and sailors affected, which is declared to be, for various causes assigned, almost worthless; 2ndly, that of the brothel-keeper, who for obvious reasons will not declare a girl to be diseased until she is so ill as to be a burden instead of a source of profit; and 3rdly, that of companions, who are frequently actuated by 'spite.'

'2ndly. That even if the evidence of the man (not infrequently drunk) were worthy of credence, he may not exhibit signs of infection for 12 or 15 days after intercourse, during the whole of which time the woman may have infected many other men.

'3rdly. That in some localities the Act works with difficulty, and is slow of operation; and

'4thly and mainly. That it does not enable the authorities to seize upon and eradicate disease at its source and in its earliest stages, when soonest and most easily cured. Those prostitutes only against whom information is laid are liable to compulsory examination under the present Act. No fallacy can be greater than that which presumes on the power of detecting the presence of venereal disease in the system through the features and aspect of the subject of it. There is no indication known to the medical profession denoting its presence in the features of a patient until it has reached the constitutional or eruptive stage, and in the large proportion of cases there is no eruption at all. This fact applies with equal force to the question of examination of both sexes. *The evidence obtained by the Committee from the large body of witnesses on this subject*

is entirely conclusive in favour of the absolute necessity of subjecting prostitutes to compulsory periodical examination—of their immediate separation from the community when found to be diseased, and their seclusion in hospital until cured. They deem these measures indispensable to any progress to be made with a view to diminish the prevalence of venereal disease; and in confirmation of the necessity of passing a law to this effect, they beg to state that these conditions strictly prevailed in all places in which success has attended the effort to diminish it, and confidently refer to the letters of Major-General Sir Henry Storks and of Mr. Inglott, given above. Important testimony to the same effect will be found in the evidence of Admiral Sir W. F. Martin, Bart., K.C.B.

*Admiral Sir William Fanshawe Martin, Bart., K.C.B., examined—
(Extract.)*

CHAIRMAN: You have taken a great interest in the welfare of the seamen in Her Majesty's Navy, and therefore of the service, for many years?—Yes; with other officers.

You were in the neighbourhood of Malta on the occasion of the important experiments that were made, and you exercised a good deal of influence over the minds of thinking men, in relation to the venereal disease. Is your experience of the results of the surveillance that was put in force decidedly favourable?—Decidedly; it was in consequence of letters which I wrote from Malta to the Admiralty, that that system was put in force in Malta. It had been in abeyance for several years, and the consequence was that from forty to fifty beds were ordinarily occupied in the Malta Hospital by patients who had contracted the venereal disease on the island. After the regulations with reference to the police, and the Lock Hospital had been in force for a few months, there was not a single patient, I believe, in the Malta Hospital who had contracted the disease on the island.

All the cases that were in the hospital were brought by ships from different ports?—Yes; at that time. I have also some statistical memoranda which, with the permission of the Committee, I will read, as I am not aware of any report that exhibits the full amount of mischief resulting from the venereal disease among soldiers and sailors. I have been informed that in the course of the nine months between the 1st of January and the 30th of September of the present year, 3,665 patients were sent to Haslar Hospital, of whom 1,371, or thirty-seven per cent., were cases of primary venereal. Of the remaining 2,290 cases, the greater number were undoubtedly consequences of venereal. The ratio referred to of venereal patients to other patients is not an exceptional one at Haslar. Of the total force employed under the Admiralty, 500 men are daily under treatment for venereal. To take the case of a single ship—the 'Edgar' was in Portsmouth Harbour from January 1st to March 31st of 1861. Between these dates fifty-two men were placed on the sick list for primary venereal. Within the

same dates thirty-three men were in the doctor's hands for secondary symptoms. I understand from medical officers of high reputation, that a large proportion of the men discharged from the service for rheumatism, heart complaints, consumption, and palsy, had these diseases as results of venereal. It has been estimated that half the disease in the navy, of so serious a kind as to lead to the discharge of the sufferers from the service, has been occasioned or aggravated by that one complaint; and but for which, each of our naval hospital establishments might be considerably reduced. But there is another light in which this matter must be viewed. As a consequence of the prevalence of the disease, a great number of children inherit it. Un-speakable misery is thus imposed upon the innocent, and whatever may be said of vicious men and women, it is a merciless argument that would resist measures for guarding their unhappy children. There are also numerous instances of respectable women having been infected by their husbands. For the sake, then, of punishing the husbands, shall a loathsome disease be inflicted upon modest women? Yet a certain class of persons would forbid measures of precaution on religious grounds. Christianity inculcates no maxim to which an attempt to subdue this dreadful disease would be in opposition; but on the contrary, it requires protection for the innocent and charity to the sinner.

Your experience of the results of the surveillance at Malta, and elsewhere, leads you to be decidedly in its favour?—Most decidedly; and I think that we shall neglect an important national duty if we do not enforce it in England.

To what extent do you consider it desirable that that surveillance should be enforced; would you carry it so far as the personal examination of all the prostitutes of the town?—Yes; or to such a degree as would satisfy any medical man; in other words, I would subject all notorious prostitutes to periodical examination by a medical man—to any examination that was found necessary in order to detect the disease. Offensive as the necessity is, the matter is of vital importance, and we have no choice.

‘The Committee have great reason to believe, that venereal disease prevails to a much larger extent in the three towns at present under the operation of the Act, than the police have adequate power to detect and cope with. The superintendent of police at Chatham says: “We have little difficulty in obtaining information in the case of the lowest class of prostitutes; but in the case of others not connected with low brothels, though they are common prostitutes, it would be difficult to obtain information as to whether they are diseased. I should think they number from 300 to 400 in the 1,000 amenable to the law. Such persons could only be reached by periodical examination.”’

William Hickman, Esq., Secretary and Paymaster of the Royal Navy, examined.—(Extract).

CHAIRMAN: Your official position has rendered you, no doubt, very familiar with the habits of sailors in all the various departments of the navy?—It has.

Do you think it would be advisable that a paid magistrate should be appointed by the Crown, before whom women suspected to be diseased should be brought?—I think that for all purposes at Portsmouth there should be such a magistrate. I think also that the police force should be increased, and that they should be a portion of the Metropolitan Police under the direction of the Chief Commissioner of that force. That strict regulations should be enforced against prostitutes living in public-houses, and the plea that they are there as domestic servants, or as friends of the landlord, should not hold good. That the public-houses should be closed at 11 P.M., and not opened before 7 A.M. On Sundays they should be closed at 10 P.M., subject to all the other regulations with regard to opening on that day. The stipendiary magistrate should have power to close any public-house or beer-shop for a period not exceeding fourteen days; and on such house or shop being proved before him to be of a notoriously bad description, he should have power in certain cases to revoke the license altogether. The military guards or pickets should have authority to enter any public-house or beer-shop to search for absentees or delinquents, subject to the military or naval law. Similar power should be given to the naval police as to naval absentees and delinquents. The civil police should have power to enter any public-house or beer-shop, to see that no gross irregularities were going on. The pickets or guards should be required to apprehend and lodge in the guard-house sailors belonging to men-of-war who might be drunk, or behaving disgracefully in the streets. I was five years stationed at Portsmouth as secretary to the Commanders-in-Chief there, and I do not suppose that any member of this Committee can imagine the horrible immorality of that place. I can assure the Committee that after dusk men and women can be seen grossly violating all decency on the ramparts and in other places; so bad is this that it is almost impossible to go out there with a lady after dark. The police can take little or no notice of this; they are comparatively a small body, and the military do not appear to interest themselves about it. Portsmouth is purely a garrison town, and I think that it ought to be governed quite distinctly from other towns in the kingdom. I would give a stipendiary magistrate much greater power there than a magistrate ordinarily has in other towns. You cannot walk along the Hard or through the streets at Portsea at any time of the day without hearing music in the public-houses—a fiddle, for instance—and you know that there is dancing going on there, although it is against the law for these things to occur without a special licence. During the Russian war I have seen women at eight o'clock in the morning without a rag upon them, except their chemises, running down the long Hard after the men as they were embarking to go on board their ships; these women were drunk, and altogether of

the lowest and filthiest kind. You can hardly imagine the state of Portsmouth.

What do you consider to be the number of prostitutes there?—1,750 above 16 years of age, and 41 under 16, the total being 1,791—that is to say, there are more *known* prostitutes in Portsmouth than in any other town in the kingdom, Liverpool and London excepted. I am quoting from a parliamentary paper—the Judicial Statistics of the Kingdom for 1864; and it will be seen, supposing the sexes to be equal, that there will be 1 prostitute to every 26 females. It is probable that half the females would be either too old or too young for prostitution; and this brings the proportion down to 1 in 13 women. I do not suppose there is anything like that in the world.

I need hardly ask you whether you would apply the same regulations to all the other seaport towns which you consider so indispensable for such a town as Portsmouth?—I am obliged to you for asking me that question, for I omitted to say that I would apply the same regulations to Chatham, Sheerness, Devonport, and Plymouth.

With reference to Portsmouth, you have described the disgraceful state of the streets from the conduct of the women; do you think it would be possible to enforce any police regulation with a view to preventing the women openly plying for prostitution in the streets?—I would not make the law too stringent on that point against the women, but I certainly would put a stop to the open profligacy and debauchery which I have seen in the streets of Portsmouth. I do not think that you could in Portsmouth go to the extent of apprehending every woman that you found in the streets following her profession, because I believe if you did that you would clear the streets pretty well; but, as I said before, I would prevent those disgraceful scenes which so frequently occur there, of drunken women, half naked, prowling about the streets with their arms round the necks of soldiers and sailors.

Mr. Henry Guy, Superintendent of Police, Portsmouth Dockyard, examined.—(Extract.)

CHAIRMAN: You are Superintendent of the Metropolitan Police stationed at the Dockyard, Portsmouth?—Yes.

How long have you held that office?—Three years.

You were in office at the time the Contagious Disease Prevention Act came into operation?—Yes; the first information laid under the Act was the 3rd December, 1864.

Is there a difficulty in carrying out the Act as far as you have seen its operation?—There is a difficulty.

What is the number of prostitutes in Portsmouth?—There are 500 prostitutes in Portsmouth, Landport, and Portsea, and 100 in Alverstoke, which includes Gosport.

Where is the hospital to which those persons are taken?—At Landport.

Is there a difficulty first of all in finding out those women who are diseased, and, secondly, in taking possession of them?—No; there is

not. All women upon whom informations have been laid, and notices have been served, have attended the hospital except five, upon whom warrants were obtained under the 13th Section of the Aet. The number upon whom informations have been laid is 530, and out of the 530 all have attended voluntarily, except five.

Out of the 600 prostitutes?—Yes; we could have laid more informations, but we knew that there were not beds for them. We have had during the last month fourteen girls abscond from the Landport Hospital in a state of disease.

Is there any other difficulty in the working of the Aet which you can refer to?—Yes; my experience tells me that the girls who go to the hospital voluntarily should be liable to the same regulations as the girls who are admitted on notice of the police; that is, that they should be bound by the same regulation to stop till they are cured. Such is not the case now, so that if a ship comes into port with a lot of sailors, they leave the hospital, though they are only half cured, and the police cannot touch them.

The evil which at present exists is, that those who come voluntarily into the hospital do not consider themselves under the Aet, and are at liberty to leave whenever they please without being liable to any punishment?—Yes.

Do the women manifest an unwillingness to come under the operation of the Aet, or is there a disposition on their part to avail themselves of the hospital as a resource against the disease?—You may find isolated cases of unwillingness, but, as a rule, the disposition is to avail themselves of the hospital.

They go to the hospital apparently with good will?—Yes; one of the greatest proofs of it, I may mention, is this: When the constable serves a notice upon a girl, he says, ‘You may go with me if you like now, or you may meet me to-morrow morning if you do not like to go now,’ and she generally meets the constable the next morning, and he goes with her to the hospital; and if the surgeon is satisfied that she is diseased he procures an order of detention under the Aet, and she is detained then and there without going before the magistrate at all. So quietly is it done that scarcely any of the inhabitants know anything about it, because my men are always employed in private clothes.

You say there have been 530 cases, and that there are 40 beds. Some of those cases have been readmitted, I presume?—Yes; for instance, since the Aet has been in operation, one woman has been examined six times upon six informations laid against her by us as being diseased, and she was admitted four times out of the six.

And retained in the hospital till her presumed recovery?—Yes. Another woman was examined six times; she was found diseased three times, and three times not diseased. Another was examined six times; she was found diseased five times out of the six, and not diseased once. Another had five informations laid against her; she was found diseased each time. Then another was examined five times, and admitted three out of the five. Out of the total number that have been examined more than once, three have been examined six times, two five times, eight four times, nine three times, and twenty-one twice. 537 cases have been examined, and out of those 537 cases, 306 have been detained for treatment. Of the remaining 231, the greater part have

been examined and pronounced free from disease. Others have not been examined, in consequence of not being in a fit state, and others have absconded. If a woman has her monthly courses upon her, our surgeon will not examine her, and will not detain her; and also if a prostitute is found in the family way, even if diseased, he will not detain her.

He applies the law according to his own views of it?—Yes.

Does he require any further evidence than the woman's own statement that she has her courses upon her?—As a rule, he generally takes her statement; I do not think he examines her. Two cases of the kind occurred yesterday. Mary Ann Knight and Emma White, both prostitutes, were found by the surgeon to be pregnant and diseased, and he refused to admit them.

Since the Act came into operation there has been, with 40 beds, bed accommodation for 306 cases?—Yes.

Are there in Portsmouth and the neighbouring places any women that live by prostitution besides those 600?—There are a large class in the neighbourhood of Portsmouth to whom the Act would not apply. We have no doubt about their being prostitutes, but we could not prove them to be common prostitutes.

What is your definition of a 'common prostitute'?—A 'common prostitute' we look upon as a woman that frequents public places and, to a certain extent, solicits prostitution.

Have any of the women questioned your power of dealing with them on the ground that they were not common prostitutes?—In no case. We always make that a point to enquire into first, before laying the information. They generally admit it themselves; and if they do not admit it themselves, we satisfy ourselves by finding out where they frequent.

The 600 includes all those, you think?—Yes.

How many of those 600 live in brothels, and how many live in separate lodgings?—Nearly the whole of the 600 live in brothels.

How many brothels may there be?—We fancy in all about 200. I am not quite positive upon that: but my men, of whom I have made enquiries, have come to the conclusion that there are about 200.

What is the largest number of girls you have known live in one brothel?—I think the largest number we had was thirteen; that was in a place called Havelock Place, running out of Portsea.

Do not you think it is frequently the case that when a man is returning to barracks, perhaps rather more than half drunk, he is laid violent hands upon, and walked off by the woman?—No doubt.

Would there be any possibility of getting from the woman who the man was who had infected her?—In two cases which have come under my knowledge, the woman has said, 'Why do not you look after the men?' In one case a man, I think belonging to the 'Excellent,' and in the other a man belonging to the 'Victory,' a marine, were said by the women to be going about giving women the disease, they themselves being diseased: but in all those cases where I have got the information I have gone myself, or sent to the surgeon of the ship, telling him in confidence the information I had received, and as a rule he has had the man examined and put in the sick ward.

Was he found to be diseased?—Yes.

Do you think beer-houses and such public places increase prostitution?—I think beer-houses do.

Do any prostitutes live in those beer-houses?—A great many do.

Has there been any decrease, do you believe, in the disease since the Act was first put in operation?—Yes; I think it has decreased. I may explain it in this way. Before the Act came into operation, the brothel-keeper would very often harbour a girl knowing her to be suffering from disease, and who perhaps could not go out, either because diseased or from want of clothing; but still the sailors or soldiers would come to the house, and as long as the landlord got his rent he did not care. The 18th Section has done a great deal of good in that respect, because the brothel-keeper is well aware of the consequences of being found with one of those girls. It has removed the notorious rotten prostitutes from the streets.

Since you can only interfere with women after receiving information, do you think it would be useful to adopt any other means of finding out diseased women, such as the periodical examination of them by surgeons, such as is made in other places?—There is no doubt that a very great deal of good would be effected by that system.

Do you think the women in Portsmouth are worse characters than London prostitutes?—I am inclined to think that they are about the same as in all seaport towns. I have had some experience in Devonport as well. I find that the class of women in Devonport and in Portsmouth is very similar.

Have you known any instance, since you have been on duty there, of anything like misconduct on the part of any of your constables of a character that would deter women from presenting themselves for examination?—No; on the contrary.

Do you think that if the women were obliged to undergo an examination, they would readily come forward and subject themselves to it?—I do think so. I have asked several questions about that; and I think that if a notice were served upon all to appear at the hospital, the women would not feel any unwillingness to attend; but a girl does not like to be selected from a lot of others.

Mr. John Strength, Superintendent of Police, Chatham and Sheerness Dockyards, examined.—(Extract.)

CHAIRMAN: You are Superintendent of the Metropolitan Dockyard Police stationed at Chatham and Sheerness?—Yes.

What is the number of prostitutes in the two places, all amenable to the law?—I should say 1,000. It would be rather difficult to apply the Act to many of those at the present time, inasmuch as they are not persons connected with those low brothels, though they are common prostitutes.

How many out of the 1,000 would be included in that class you have been alluding to?—I should think from 300 to 400.

Then from 600 to 700 of them you may call very common prostitutes, they being all amenable to the law?—Yes.

How many women have been received in the hospital since the 7th of June, under the Act?—Up to the 31st of October, proceedings were taken against 222; that is to say, notice was issued by the magistrates, upon my application, against 222. Out of the 222, 57 were found free from disease.

Is there any unwillingness on the part of girls who are diseased to come up; what proportion of those cases is it necessary to bring before the magistrate?—There has only been one case out of the whole 222 in which it was necessary to take secondary proceedings before the magistrate; that is to say, to apply to the magistrate to order her to be taken to the hospital in consequence of non-attendance to the first order.

You find the greatest willingness on the part of the women to present themselves for curative treatment when diseased?—That is so.

Do they conduct themselves well in the hospital?—Yes; I have not had one case where they have misconducted themselves.

Have you found that on the arrival of ships at Chatham or Sheerness, from abroad, there has been an increase of venereal disease?—No; the additional number of prostitutes that would be brought in upon the paying-off of a ship would not stop in the town more than three or four days; they would leave again.

Where would they go?—Some to London, some to Canterbury, and some to Gravesend.

Supposing there was a law that compelled the prostitutes of Chatham and Sheerness to present themselves once a fortnight, or once in three weeks, or once a week, at the hospital to be personally examined, with a view to ascertain whether they were free from disease, do you think a large number of prostitutes would attend for that purpose?—I do.

You think that they would not object to an examination which would give them a clean bill of health for the future?—I think they would have no objection whatever to such an examination. In fact I believe they would be more ready to go through that course than the present, because those girls have a great dislike to being selected out singly; and if you went to a house where there were twelve of them residing, and selected six, I believe they would go more freely to the hospital to be examined than if you went and selected one and took her alone, which we frequently have to do now.

Would there be any great difficulty in visiting those women in their different localities?—No.

You and your men know them all, and you know their names?—Yes.

What do you think would be the effect as regards the extent to which the disease might be restricted and diminished, if an Act were passed which compelled the women to be registered in the first place, and examined in the second?—I believe it would very much diminish it.

Could you suggest any means by which such persons might be brought under the cognizance of the police, independently of information?—Only by their being registered and examined periodically. If they were registered there would be no difficulty about knowing their

calling, and they would come up and be examined, and if found free from disease they would go about their business.

How many women have come more than once into the hospital?—I have not the exact number, but I believe there would probably be four or five cases in which I have served notices upon the women twice during the last five months.

As far as you know, have the patients made any complaint?—No; except as to diet. I do not know how far it is necessary to keep those girls on low diet, but considering that you take them away from their nests, where they have plenty of eating and drinking, it is surprising that they conduct themselves so well as they do.

You think if you had the girls registered and kept in one locality, where you could always find them, and they were inspected regularly, you could suppress syphilis to a great extent?—No doubt.

And you do not think they would object?—No; those girls have no very fine feelings. They are quite prepared to solicit you in the day-time or in the night-time, and they do not want to disguise the fact that they are prostitutes.

Do you conceive that there has been any reduction in the amount of venereal disease since the Act came into operation?—Yes; there has been a very great reduction, particularly at Sheerness, and among the navy at Chatham.

Do you think it has decreased much among the women?—I believe it has.

Considering that a decrease has taken place, do you think when the Act has been some time longer in operation you would require so many as sixty beds for the Lock Hospital?—Yes; I think so, until a system of registration is adopted, or the Act is made general, because you must bear in mind that though we have every opportunity of ascertaining according to this Act the state of girls against whom information is laid, and also naval and military men, we have no opportunity of ascertaining the state of the civilian portion of the population.

Have you any reason to suppose that much venereal disease exists among the artisans and labourers employed in the dockyards at Chatham and Sheerness?—I have no opportunity of knowing; but I may mention that a magistrate, who resides some three miles from Chatham, told me that a few of those young men having some small sum of money to spend, were about Chatham for two or three days, and there was scarcely one of them but what came back diseased.

Have you any other suggestion to make upon the subject of our enquiry?—With regard to the application of the Act to certain localities only; many of those girls, as soon as they ascertain that their names have been mentioned, make their way off to Maidstone or Canterbury, or Gravesend, where the Act does not apply, and remain there for some days, and then return to us again.

‘The Committee, then, earnestly recommend that the following additional powers should be obtained, under an amended Act, viz.:—

‘1st. That assuming it to be an indisputable fact that the power to repress venereal disease holds close relation with the

power to obtain access to it in its early stages, during which it is more virulent and more readily communicated to persons susceptible of infection, *a periodical inspection or examination of all known prostitutes be made compulsory, under a well-organised system of Medical Police.*

‘2nd. That a surgeon be appointed by Government in each town for this duty; the said examination to be made by him either at the homes of the women, or at a dispensary, or hospital appointed for the purpose; and that such surgeon be provided with the necessary powers for sending to Lock Hospitals all women found to be diseased either with primary venereal affections or constitutional syphilis; and for retaining them there until cured, or restored to their friends.

‘3rd. That a penal clause be introduced into the Act for the purpose of punishing those who infringe its regulations.

‘4th. That the operation of the Act be extended to all garrison and seaport towns in the kingdom, where troops or ships of war are stationed.

‘5th. That a clause be introduced for the prevention of the residence of prostitutes in public-houses and beer-shops.

‘The Committee also recommend that all the Lock Hospital accommodation required under the Act should be, as far as possible, in the hands of the Government, and independent of private management.

‘They also recommend that, wherever possible, a stipendiary magistrate should be appointed, or a fitting medical man invested with magisterial powers, as more likely than a non-professional man to take an active interest in the efficient working of this Act; and also that the jurisdiction of such magistrate should be extended beyond the limits of the military or naval stations included under the operation of the Act.

‘They also feel that more particular instructions should be given to the borough police in the garrison and seaport towns, with a view to prevent the open solicitation by prostitutes in the public streets, and the scandalous and barefaced immorality which is spoken of by some of the witnesses as disgracing Portsmouth and other towns of the same class; indeed, they cannot forbear stating their opinion, founded on the testimony before them, that the entire control of prostitutes might be safely confided to a judicious police administration, under the immediate sanction of a Secretary of State.

‘The Committee would have more hesitation in so earnestly recommending a periodical examination of the public prostitutes under the Act, and their seclusion until cured, did they not confidently feel that in so doing they are acting not only in the interest of the community, but especially so in that of the women themselves, with whom their profession has taught

them deeply to sympathise, and, were they not, moreover, convinced that such examination in nowise involves the legislation or, in any respect, the encouragement of vice. They believe that by a treatment, while in hospital, marked by sympathy and kindness, by a careful selection of attendants, and by the co-operation of judicious friends, many of these women may be brought to a sense of their past degradation, and their intercourse with the world be renewed with credit. The seclusion of the women in known and recognised hospitals would afford the earnest and zealous sympathisers with this class the easiest and fullest opportunity for ministering to their need. For the full confirmation of this statement, the Committee appeal with satisfaction and confidence to the Report on Prostitution in Paris.

‘These recommendations will no doubt involve considerable expense—particularly in the item of increased Lock Hospital accommodation. This accommodation must be ample. It is at present manifestly most insufficient. The Committee estimate that to make any serious impression upon the amount of venereal disease in Portsmouth, Chatham, and Devonport (the only towns in which the Act is yet in operation), a very large addition to the present number of beds will be required; but no addition to the present number of Lock Hospitals can meet the existing difficulty unless free access be obtained to the focus of disease. Such a large increase, however, would not be necessary for any lengthened period—a smaller addition might suffice for a permanence; and for the present, temporary buildings might be obtained or erected. It is manifest that venereal diseases can never be much diminished while diseased women are turned away from the doors. As they have no alternative but starvation or prostitution, they must return to the streets and engender more disease. Again, upon the question of the expense of Lock Hospitals, the Committee feel satisfied that it will fall short of the amount of the annual cost incurred by Government in the loss of services of the men, and the expense of their treatment for venereal disease, not to mention the loss sustained by the premature discharge of men on account of diseases engendered by syphilis.

‘However efficiently the regulations as regards women may be carried out, their success in arresting the spread of disease must be very imperfect, unless similar precautions be adopted for preventing the men from carrying infection to the women. The practice of periodical examination of all soldiers exposed to venereal contagion was general throughout the army prior to the year 1859, when it was set aside in accordance with the recommendation of the Royal Commission on the sanitary condition of the army, 1857, presided over by the late Lord Herbert.

Since that date it has been still retained in certain regiments as a regimental order. The Committee are of opinion that the practice, so far as the soldier is concerned, should be universal throughout the army, and that it is no less necessary to the health of the sailor whenever he has the opportunity of access to women. Without such a regulation, the proposed periodical examination of women must lose half its value. The evidence given before the Committee by the highest military authorities is entirely favourable to such examinations. His Royal Highness the Duke of Cambridge says: "I have no hesitation in saying that I always very much regretted that the inspection to which you have referred was done away with. I have consulted with a great many of the most intelligent general officers and others who have commanded regiments for a long time, and so far as I have been able to ascertain I have not found one who has dissented from me in that opinion—not one who was not strongly of opinion that such medical inspections were not only desirable but absolutely essential, and they stated that they had always regretted that they were discontinued."

"The Committee attach great importance to the practice of ablution, especially if resorted to immediately after sexual intercourse. The evidence shows a very general want in both services of means and opportunities for personal ablution in private. They feel that no arguments can be necessary on such a subject, and strongly recommend that increased facilities should be placed at the disposal of the men, not only in the form of baths supplied with hot and cold water, but also of taps fitted up, both in the lavatories and the guard-rooms, at which men could wash their persons readily and in private. All soldiers detained as prisoners should be compelled to do this as soon as convenient. They feel convinced that great good would be effected by the medical officers of both services explaining the value of habitual personal cleanliness to the men themselves, and encouraging them in every way to report themselves to the surgeon at the earliest moment when diseased. The very act of frequent ablution would lead the men to discover disease at the earliest period, and would prevent the plea of ignorance of the fact.

"The measures which have of late years been adopted to improve the condition of both soldiers and sailors, the steps which have been taken to provide means of healthy exercise and recreation and to find occupation for them in their leisure hours, and the additional comfort which has been introduced into barracks and ships, appear to be important means of reducing indirectly the amount of venereal disease in both services, by lessening the temptation of the men to resort to beer-shops and brothels. The Committee earnestly recommend the further extension of these measures, because they feel that until the

men are provided with some means of employing themselves profitably or pleasantly when off duty ; and until their abodes—whether they be barracks, hulks, or ships—are made cheerful and comfortable, it is almost hopeless to expect that the men will, as a general rule, resist the temptations held out to them elsewhere. They recommend that Sailors' Homes should be adopted as Government institutions, which, after being built and furnished, might be made self-supporting. While they appreciate the advantages offered in both services by the Savings Bank, which enables the men to lay up a portion of their earnings as a provision for the time when they shall retire into civil life, the Committee would suggest, as a further protection to the sailor against the robbery to which he is too often subjected, that a regulation should be made to prevent him assigning his pay while employed on a foreign station to any one but a near relative.

‘The Committee confidently believe that if the foregoing recommendations were acted upon with energy, the amount of venereal disease might be greatly reduced amongst the men of the army and navy. They cannot ignore, however, the existence of a fertile source of disease in the seaport towns, which the Contagious Diseases Prevention Act, even as proposed to be amended, would still leave untouched, viz., that which is introduced by the sailors of the merchant service of our own and other nations. These men, it is well known, are frequently diseased, and often remain for a long period without any kind of treatment. This involves so many important considerations that the Committee only venture to call serious attention to the subject.

(Signed) F. C. SKEY (Chairman).
 B. G. BABINGTON, M.D.
 T. GRAHAM BALFOUR, M.D.*
 EDWARD COCK.
 JAMES DONNET, M.D.
 RICHARD QUAIN.
 SAMUEL WILKS, M.D.
 SPENCER SMITH (Secretary).”

* Dr. Balfour dissented from his colleagues on some portions of the above report.

CHAPTER IX.

NECESSITY OF EXTENDING THE BENEFITS OF THE NEW CONTAGIOUS DISEASES ACT TO THE CIVIL POPULATION—EXTRACTS FROM THE NEW ACT OF 1866—BENEFICIAL RESULTS ALREADY OBTAINED FROM THE WORKING OF THIS ACT AT SOME OF THE GARRISON TOWNS.

THE Report of the Committee appointed by Government to enquire into the measures to be adopted for the prevention of venereal disease is of so decided a character, and is based upon such strong evidence, that the authorities could not resist the deliberate opinion, 'that nothing short of police and sanitary supervision of prostitutes will ever diminish the amount of venereal diseases in the army and navy;' and had the advice of the Committee been requested to apply equally to the requirements of the whole country, it would necessarily have been of such a nature that no Government would have assumed the responsibility of depriving the civil population of the protective and beneficial effects of the 'New Contagious Diseases Act.'

Now that the work of repression has begun, it cannot be stopped; these measures must become general; there cannot be *privileged* towns. If it were so, the results would be disastrous, for the women, when diseased, would escape (as they already do) to the places to which this Act does not apply. If the authorities are convinced that it has become necessary to protect the country's servants, they ought not to refuse the same protection to those who pay for them. If it is wrong for a prostitute to infect a soldier at Portsmouth, it surely must be equally wrong to infect a civilian in London.

But it is not for the Government to propose, it is for the public to demand, protection; and I feel convinced that it will not be refused.

I have made the following extracts from the new Act, which I think will be of general interest:—

An Act for the better Prevention of Contagious Diseases at certain Naval and Military Stations.

Preliminary.—This Act may be cited as 'The Contagious Diseases Act, 1866.'

In this Act—

The term 'contagious disease' means venereal disease, including gonorrhœa:

The term 'police' means Metropolitan police or other police or constabulary authorised to act in any part of any place to which this Act applies :

The term 'superintendent' includes inspector :

The term 'chief medical officer' means the principal physician or surgeon for the time being attached to or doing duty at a hospital, or the house surgeon or resident surgeon of the hospital.

The term 'Justice' means a Justice of the Peace having jurisdiction in the County, Borough, or Place where the matter requiring the cognizance of a Justice arises, or in any part of any place to which this Act applies :

This Act shall commence from and immediately after the thirtieth day of *September* One Thousand Eight Hundred and Sixty-six, and on the commencement of this Act 'The Contagious Diseases Prevention Act, 1864,' shall cease to operate. . . .

Extent of Act.—The places to which this Act applies shall be the places mentioned in the first schedule to this Act. (These are Portsmouth, Plymouth and Devonport, Woolwich, Chatham, Sheerness, Aldershot, Windsor, Colchester, Shorncliffe, the Carragh, Cork, Queenstown.)

Expenses of Execution of Act.—Expenses incurred in the execution of this Act shall be paid . . . out of money to be provided by Parliament for that purpose.

Visiting Surgeons.—The Admiralty or the Secretary of State for War may, on the commencement of this Act, appoint a medical officer for each of the places to which this Act applies, to be, during pleasure, visiting surgeon there for the purposes of this Act. . . .

Inspector of Hospitals.—The Admiralty and the Secretary of State for War shall, on the commencement of this Act, appoint a medical officer to be, during pleasure, inspector of certified hospitals under this Act. . . .

Certified Hospitals.—The Admiralty or the Secretary of State for War may from time to time provide any buildings or parts of buildings as hospitals for the purposes of this Act. . . . And every hospital so provided shall be placed under the control or management of such persons as to the Admiralty or the Secretary of State for War from time to time seem fit.

A hospital shall not be certified under this Act unless at the time of the granting of a certificate adequate provision is made for the moral and religious instruction of the women detained therein under this Act; and if at any subsequent time it appears to the Admiralty or the Secretary of State for War that in any such hospital adequate provision for that purpose is not made, the certificate of that hospital shall be withdrawn.

Periodical Medical Examinations.—Where an Information on Oath is laid before a Justice by a superintendent of police, charging to the effect that the informant has good cause to believe that a woman therein named is a common prostitute, and either is resident within the limits of any place to which this Act applies, or, being resident within five miles of those limits, has, within fourteen days before the laying of the information, been within those limits for the purpose of

prostitution, the Justice may, if he thinks fit, issue a notice thereof addressed to such woman, which notice the superintendent of police shall cause to be served on her. . . .

In either of the following cases, namely,—

If the woman on whom such a notice is served appears herself, or by some person on her behalf, at the time and place appointed in the notice, or at some other time and place appointed by adjournment;—

If she does not so appear, and it is shown (on oath) to the Justice present that the notice was served on her a reasonable time before the time appointed for her appearance, or that reasonable notice of such adjournment was given to her (as the case may be),—

The Justice present, on oath being made before him substantiating the matter of the information to his satisfaction, may, if he thinks fit, order that the woman be subject to a periodical medical examination by the visiting surgeon for any period not exceeding one year, for the purpose of ascertaining at the time of each such examination whether she is affected with a contagious disease; and thereupon she shall be subject to such a periodical medical examination, and the order shall be a sufficient warrant for the visiting surgeon to conduct such examination accordingly.

The order shall specify the time and place at which the woman shall attend for the first examination.

The superintendent of police shall cause a copy of the order to be served on the woman.

Any woman, in any place to which this Act applies, may voluntarily, by a submission in writing signed by her in the presence of and attested by the superintendent of police, subject herself to a periodical medical examination under this Act for any period not exceeding one year.

Detention in Hospital.—If on any such examination the woman examined is found to be affected with a contagious disease, she shall thereupon be liable to be detained in a certified hospital, subject and according to the provisions of this Act, and the visiting surgeon shall sign a certificate to the effect that she is affected with a contagious disease, naming the certified hospital in which she is to be placed; and he shall sign that certificate in triplicate, and shall cause one of the originals to be delivered to the woman and the others to the superintendent of police.

Any woman to whom any such certificate of the visiting surgeon relates may, if she thinks fit, proceed to the certified hospital named in that certificate, and place herself there for medical treatment, but if after the certificate is delivered to her she neglects or refuses to do so, the superintendent of police, or a constable acting under his orders, shall apprehend her, and convey her with all practicable speed to that hospital, and place her there for medical treatment, and the certificate of the visiting surgeon shall be a sufficient authority for so doing. . . .

Where a woman certified by the visiting surgeon to be affected with a contagious disease places herself, or is placed as aforesaid, in a certified hospital for medical treatment, she shall be detained there for that purpose by the chief medical officer of the hospital until discharged by writing under his hand. . . .

Provided always, that any woman shall not be detained under any one certificate for a longer time than three months, unless the chief medical officer of the hospital in which she is detained, and the inspector of certified hospitals, or the visiting surgeon for the place whence she came or was brought, conjointly certify that her further detention for medical treatment is requisite (which certificate shall be in duplicate, and one of the originals thereof shall be delivered to the woman); and in that case she may be further detained in the hospital in which she is at the expiration of the said period of three months by the chief medical officer until discharged by him by writing under his hand; but so that any woman be not detained under any one certificate for a longer time in the whole than six months.

If any woman detained in any hospital considers herself entitled to be discharged therefrom, and the chief medical officer of the hospital refuses to discharge her, such woman shall on her request be conveyed before a Justice, who, if he is satisfied upon reasonable evidence that she is free from a contagious disease, shall discharge her from such hospital, and such order of discharge shall have the same effect as the discharge of the chief medical officer.

Every woman shall, on her discharge from the hospital, be sent to the place of her residence, if she so desires, without expense to herself.

Refusal to be examined, &c.—In the following cases, namely,—

If any woman subjected by order of a Justice under this Act to periodical medical examination at any time temporarily absents herself in order to avoid submitting herself to such examination on any occasion on which she ought so to submit herself, or refuses or wilfully neglects to submit herself to such examination on any such occasion;

If any woman authorised by this Act to be detained in a certified hospital for medical treatment quits the hospital without being discharged therefrom by the chief medical officer thereof by writing under his hand (the proof whereof shall lie on the accused);

If any woman authorised by this Act to be detained in a certified hospital for medical treatment, or any woman being in a certified hospital under medical treatment for a contagious disease, refuses or wilfully neglects while in the hospital to conform to the regulations thereof approved under this Act;

Then and in every such case such woman shall be guilty of an offence against this Act, and on summary conviction shall be liable to imprisonment, with or without hard labour, in the case of a first offence for any term not exceeding one month, and in the case of a second or any subsequent offence for any term not exceeding three months; and in the case of the offence of quitting the hospital without being discharged as aforesaid the woman may be taken into custody without warrant by any constable.

If on any woman leaving a certified hospital a notice in writing is given to her by the chief medical officer of the hospital to the effect that she is still affected with a contagious disease, and she is after-

wards in any place for the purpose of prostitution without having previously received from a visiting surgeon appointed under this Act a certificate in writing endorsed on the notice or on a copy thereof certified by the chief medical officer of the hospital (proof of which certificate shall lie on her) to the effect that she is then free from a contagious disease, she shall be guilty of an offence against this Act, and on summary conviction before two Justices shall be liable to be imprisoned, with or without hard labour, in the case of a first offence for any term not exceeding one month, and in the case of a second or any subsequent offence for any term not exceeding three months.

Relief from Examination.—If any woman subjected to a periodical Medical Examination under this Act (either on her own submission or under the order of a Justice), desiring to be relieved therefrom, and not being under detention in a certified hospital, makes application in writing in that behalf to a Justice, . . . and if on the hearing of the application it is shown, to the satisfaction of the Justice, that the applicant has ceased to be a common prostitute, or if the applicant, with the approval of the Justice, enters into a recognisance, with or without sureties, as to the Justice seems meet, for her good behaviour during three months thereafter, the Justice shall order that she be relieved from periodical Medical Examination.

Every such recognisance shall be deemed to be forfeited if at any time during the term for which it is entered into, the woman to whom it relates is (within the limits of any place to which this Act applies) in any public thoroughfare, street, or place, for the purpose of prostitution, or otherwise (within those limits) conducts herself as a common prostitute.

Penalties for harbouring, &c.—If any person, being the owner or occupier of any house, room, or place, within the limits of any place to which this Act applies, or being a manager or assistant in the management thereof, having reasonable cause to believe any woman to be a common prostitute and to be affected with a contagious disease, induces or suffers her to resort to or be in that house, room, or place, for the purpose of prostitution, he shall be guilty of an offence against this Act, and on summary conviction thereof before two Justices shall be liable to a penalty not exceeding twenty pounds, or, at the discretion of the Justices, to be imprisoned for any term not exceeding six months, with or without hard labour.

Procedure, &c.—All proceedings under this Act before and by Justices shall be had in *England* according to the provisions of the Act of the Session of the Eleventh and Twelfth Years of Her Majesty (Chapter forty-three), . . . as far as those provisions respectively are not inconsistent with any provision of this Act, and save that the room or place in which a Justice sits to enquire into the truth of the statements contained in any information or application under this Act against or by a woman shall not, unless the woman so desires, be deemed an open court for that purpose; and, unless the woman otherwise desires, the Justice may, in his discretion, order that no person have access to, or be, or remain in that room without his consent or permission.

Any action or prosecution against any person for anything done in pursuance or execution or intended execution of this Act shall be laid

and tried in the county where the thing was done, and shall be commenced within three months after the thing done, and not otherwise.'

Beneficial Results already obtained from the working of this Act at some of the Garrison Towns.

The following extracts from the 'Lancet' (Jan. 26, 1867) will show how very successful the new Act has already been in checking the amount of venereal diseases at the places where it has been tried:—

'We have recently (Nov. 24th, 1866) taken occasion to call attention to the satisfactory results yielded by the careful carrying into effect of the provisions of the Contagious Diseases Act, in the garrison and seaport of Plymouth, and we append an official return showing the number of men in the town and the percentage of venereal cases under treatment for each quarter during the last two years.'

Average Number of Men in Port and Garrison for the past Two Years, and the Number of Men suffering from Contagious Diseases in Hospital.

Quarter ending—	Naval Forces		Royal Marines		Military Forces		Total in Port and Garrison	Total Diseased	Percentage
	In Port	Diseased	In Barracks	Diseased	In Garrison	Diseased			
1865. March 31	4500	364	1856	98	2635	181	8,991	643	7.151
„ June 30	4672	215	1589	128	2758	216	9,019	559	6.198
„ Sept. 30	4841	141	1538	124	2878	257	9,257	522	5.638
„ Dec. 31	4521	81	1555	101	2789	166	8,865	348	3.925
1866. March 31	4834	72	1731	68	2692	144	9,257	284	3.067
„ June 30	5889	84	1749	101	2753	172	10,391	357	3.435
„ Sept. 30	5458	77	1826	97	3580	189	10,864	363	3.332
„ Dec. 31	6876	83	1825	69	3156	117	11,857	269	2.268

'In reading the above table it must be borne in mind that the percentage of venereal cases for a quarter is very nearly treble that of the percentage for a single month; for though the number of the troops and sailors may not vary much during the whole three months, the number of venereal cases necessarily goes on increasing, and thus the quarter's return must accordingly seem higher than might be expected. The fact is that, whereas in April, 1865, more than two in every hundred soldiers and sailors in this one port were diseased, in December, 1866, less than one in a hundred was so affected.'

'The three towns of Plymouth, Devonport, and Stonchouse are situated close to each other, and form, in fact, but one garrison, and are at a distance of fifty miles from any other large town. This no doubt renders their statistics of greater value than those of any other town under the operation of the Act which, from its proximity to other places not under the operation of the Contagious Diseases Act, must be constantly liable to the importation of fresh disease. Examples of this are seen in the case of Portsmouth, with Southampton and other places close at hand; Woolwich and Chatham, with London within an easy distance.'

‘With such favourable results before it, *there can be no excuse for the Government any longer to delay some action with regard to the metropolis of the three kingdoms.* As we have before remarked, it is absurd that a soldier should be protected at the outposts from influences which are allowed their full swing in the great centres of civilisation; and when the attempt is being made to grapple with the propagation of venereal disease for the benefit of the army, it will require but little more vigilance to protect the population at large from the inroads of a disease whose direful effects are becoming more and more evident every day.’

(*Lancet*, March 23, 1867.)

‘Lord H. Lennox, in his address on the navy estimates, stated that the operation of this measure was most satisfactory. At Portsmouth, where the least success had been achieved, owing to want of accommodation, the latest intelligence was that since adequate accommodation had been given there had already been an amelioration in the character and a diminution in the number of venereal cases. From Sheerness the report of the medical officer is that the disease is almost destroyed. In Plymouth a new wing has been added to the hospital, and there is already accommodation for sixty “unfortunate” women, with prospective room for sixty more in June. The number of cases in Plymouth used to be $7\frac{3}{4}$ per cent., but by the last return it is now not more than $2\frac{1}{4}$ per cent.’

CHAPTER X.

CONCLUSION.

RECAPITULATION—PROPOSED MEASURES FOR THE DIMINUTION OF VENEREAL DISEASES AMONG THE CIVIL POPULATION—DITTO AMONG PROSTITUTES—FORMATION OF A SPECIAL ADMINISTRATION AND SANITARY DEPARTMENT—SUGGESTIONS FOR A SANITARY HOSPITAL AND EDUCATIONAL INSTITUTION FOR PROSTITUTES.

RECAPITULATION.

1. The repressive measures adopted in Paris show that much may be done, not only to prevent disease, but also to repress prostitution, and even to reclaim the women engaged in it.

2. The statistics prove that in Paris, in 1864, the proportion of venereal diseases among the registered women was 1 in 196; whereas among the clandestine women, who escape all sanitary supervision, it has never been less than 1 in 7.

3. Dr. Sanger concludes his remarks on the prostitution in America by saying: 'Extirpation and prevention never has been, never can be accomplished in any community; repression and restriction, as proposed, have been tried and have proved successful.'

4. Dr. Sanger proves by statistics that, in 1857, the amount of venereal diseases in New York among the prostitutes was 1 in 3.

5. It has been shown that in England the registration of prostitutes known to the police exists, and has existed, for many years.

6. It has also been shown that there are in London at least 10,000 prostitutes, 516 public-houses and coffee-shops frequented by thieves and prostitutes, and 1,332 brothels, all of them known to the police; and

7. That the totals for England and Wales are 49,370 prostitutes, 7,092 brothels, and 6,370 houses of bad character, all known to the police.

8. It has been proved, I think, that the amount of venereal diseases in London is enormous, and that the hospital accommodation provided for their cure is sadly inadequate.

9. All the London hospitals (the Lock included) have only between them 183 beds for female venereal cases, and as there are hundreds of women diseased who live by prostitution only, and are too poor to be able to afford private attendance, it follows as a natural consequence that, from fear of starvation, they are compelled to follow their calling, and thus retaliate on society by daily spreading their disease to a frightful extent.

10. The comparison between the army statistics prove the amount of venereal disease to be twice as large in the English as in the French army, and the same proportion is more than likely to exist between the civil population of the two countries.

11. The report of the Venereal Commission appointed by Government shows the absolute necessity of the sanitary supervision of prostitution as the only means to diminish the fearful amount of venereal diseases.

12. The results are striking enough where the new Act has been tried—venereal diseases having considerably diminished at Portsmouth, and being almost destroyed at Sheerness, whilst at Plymouth the number of cases, which used to be $7\frac{3}{4}$ per cent., are now not more than $2\frac{1}{4}$ per cent.—to warrant the conclusion that there could be no excuse for the Government any longer to delay its extension to all the large towns in the kingdom, and London especially.

Proposed Measures for the Diminution of Venereal Diseases among the Civil Population, and among Prostitutes.

I should then propose :

1st. That in order to diminish the amount of venereal diseases among the civil population, *special* wards for the reception of female cases should be opened at all the principal metropolitan hospitals, for I do not think that large Lock Hospitals are desirable for females, as they always injure more or less the character of their inmates, and they are known to be one of the chief sources whence procuresses obtain their victims.

2nd. That a large male Lock Hospital should be erected, capable of meeting the known requirements of the London population.

3rd. That *evening* consultations, for venereal cases, should be given at the *special* and the metropolitan hospitals, to all the poor who are unable to leave their employment during the day.

For the repression of prostitution and the diminution of

venereal diseases among prostitutes, I should suggest the formation of a special department for enforcing the new Contagious Diseases Act. This might be divided into :

1st. An Administrative department.

2nd. A Sanitary department.

The Administrative department to comprise a staff of special police officers, under the supervision of district inspectors. Although connected with, they might be independent of, the ordinary police. Their duty should be to repress all acts of public prostitution, and to report on cases of public immorality.

The Sanitary department might establish four or five dispensaries in different districts of London (say north, south, east, west, and central), where the examination of known prostitutes could take place periodically. The medical staff of all the dispensaries to be under the direction of an inspector-general, to whom weekly or monthly reports should be sent.

The women could be divided into classes, for it would be advisable to acknowledge, and even encourage, their own feelings about the different grades which exist among them.

Four days in the week might be allowed for the examination of the lowest class of women; the other two days to be reserved, under certain regulations, for a better class.

The women who live in *known houses* might, under certain restrictions, be visited there.

Those who could offer a better security for good behaviour, and a less danger of infection, might obtain a conditional privilege of being visited at their own houses, and, on their giving satisfactory reasons, to have the examinations suspended, or even entirely suppressed.

Suggestions for a Sanitary Hospital and Educational Institution for Prostitutes.

For the proper treatment of diseased prostitutes a special hospital might be erected at a suitable distance from London, where all cases should be sent and detained until cured.

The same division amongst the women could easily be preserved by placing the different classes in separate wards or single sleeping rooms.

As the stay of some of the inmates in the hospital might be of long duration, and as it would not be wise, for many reasons, to allow idleness, classes for religious and general instruction could be opened for them; and the institution might be made partly self-supporting by connecting with it a laundry or other establishment, where for a few hours daily the women could find a

suitable and easy employment; and, if a liberal share of their earnings were given to them on their leaving the hospital, many would thus acquire the means of beginning a new and respectable life.*

* The following extract, taken from the 'Lancet,' proves the practicability of the above suggestions:—

'Provision has been made for the moral and spiritual improvement of these "unfortunates" by donations to the Samaritan Fund at Portsmouth, Plymouth, and Shoerness; and the chaplains will also attend the patients three days a week. At the hospital at Plymouth the women are taught household work, such as washing and ironing, and by these means a large portion of them have been reclaimed and returned to their parents or to society.

'The success of the system of supervision of prostitution we may regard as beyond question, and there can be no valid reason why it should not be extended to the metropolis and other places at present exempt from its operation.'







